SASKATCHEWAN
HEALTH

COMMUNITY SERVICES

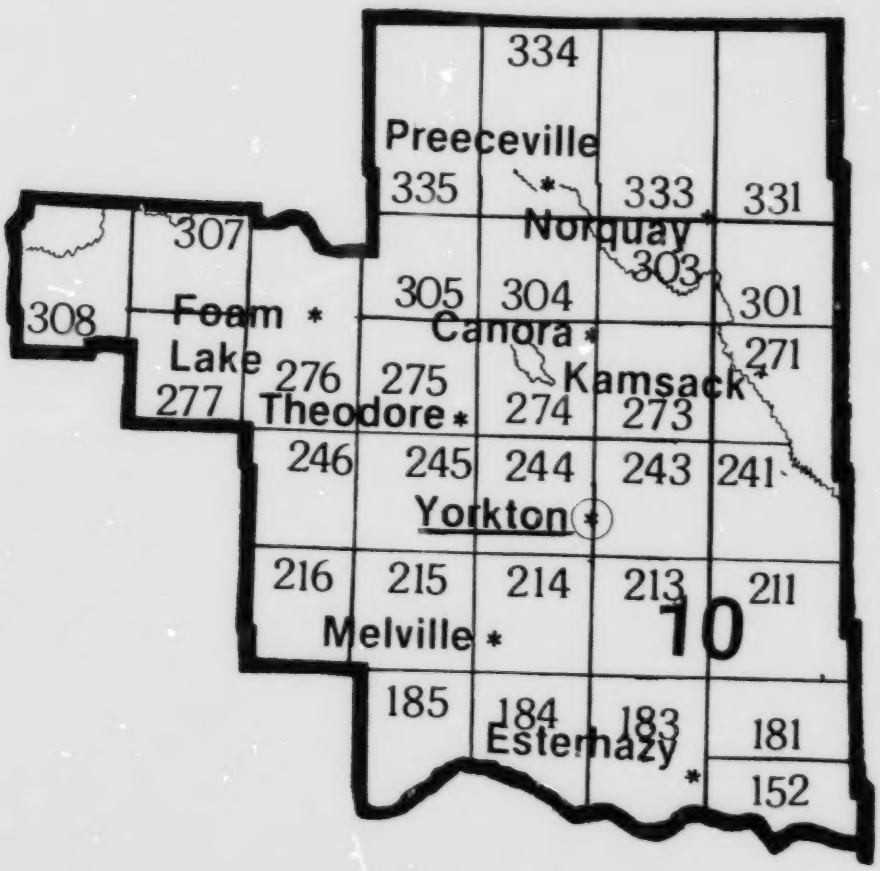
YORKTON-MELVILLE
REGION

1990

ANNUAL REVIEW

YORKTON–MELVILLE

HEALTH REGION



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FOREWORD

This is the first Annual Review for the new Decade of the 90s, and it is already clear that changes in the health care system begun in the last decade will escalate in the last decade of this century. We feel privileged to be part of this change, to help in shaping the many new directions, to meet the challenges and opportunities that will arise and to keep the emphasis on health promotion and disease prevention as the main thrust in creating a healthier society both for the individual and the community.

This report is respectfully submitted to the Board of the Yorkton-Melville Health Region.

We are grateful to the Senior Secretary, Mrs. M. Montain, for extra time committed in preparing this report, and for carefully checking the statistical data.

REGIONAL BOARD MEMBERS - 1990

HEALTH DISTRICT NO. 1

Mr. Metro Wintonyk
P.O. Box 9
Stornoway, Sask.
SOA 3ZO Telephone: 273-4736
(term expires April 1992)

HEALTH DISTRICT NO. 2

Mrs. Frances Korchinski
P.O. Box 128
Hubbard, Sask.
SOA 1JO Telephone: 795-2893
(term expires Arpil 1993)

HEALTH DISTRICT NO. 3

Mr. Marvin Luce
P.O. Box 57
Stockholm, Sask.
SOA 3YO Telephone: 793-2047
(term expires April 1993)

HEALTH DISTRICT NO. 4

Mr. John Gorchinski
3-16, R.R.#2
Canora, Sask.
SOA OLO Telephone: 782-7393
(term expires April 1992)

HEALTH DISTRICT NO. 5

Mr. Edward Brezinski
P.O. Box 314
Buchanan, Sask.
SOA OJO Telephone: 592-2242
(term expires April 1992)

HEALTH DISTRICT NO. 6

Mr. Paul Stan
P.O. Box 431
Foam Lake, Sask.
SOA 1AO Telephone: 272-4234
(term expires April 1993)

HEALTH DISTICT NO. 7

Mr. Stanley Kyba
P.O. Box 122
Yorkton, Sask.
S3N 2V6 Telephone: 782-2283
or 783-5221
(term expires April 1992)

MUNICIPAL HEALTH REPRESENTATIVES - 1990

DISTRICT HEALTH COUNCIL NO. 1

Name	Representing
Mrs. Francis Smithson Ebenezer, Sask. Phone: 782-7321	Village of Ebenezer
Mrs. Helen Tkachuk Calder, Sask. Phone: 742-2158/742-2173	Village of Calder
Mr. Don Laube Springside, Sask. 792-2059	Village of Springside
Mrs. Joyce Bassingthwaite Willowbrook, Sask. Phone: 782-6921	Village of Willowbrook
Mrs. Linda Napady Wroxton, Sask. Phone: 742-4254/742-4557	Village of Wroxton
*Mr. Metro Wintonyk Stornoway, Sask. Phone: 273-4736	Village of Stornoway
Mr. John Stricker Rhein, Sask. Phone: 273-2022	Village of Rhein
Mr. Gerald Schepp MacNutt, Sask. Phone: 742-4541	Village of Calder
Mrs. Joyce Burkell Yorkton, Sask. Phone: 782-5905	R.M. Wallace #243
Mr. Harvey Grunert Yorkton, Sask.	R.M. Orkney #244

*Regional Board Chairman

DISTRICT HEALTH COUNCIL NO. 2

Name	Representing
Mr. Dave Tuba Melville, Sask. Phone: 728-3716	City of Melville
Mr. Harry Kozakewich Ituna, Sask. Phone: 795-2266	Town of Ituna
Mr. Norman Schick Duff, Sask. Phone: 728-3592	Village of Duff
Mr. Bryon Dohms Fenwood, Sask. Phone: 728-4001	Village of Fenwood
Mrs. Anne Elash Goodeve, Sask. Phone: 876-2008	Village of Goodeve
*Mrs. Frances Korchinski Hubbard, Sask. Phone: 795-2893	Village of Hubbard
Mr. Cecile Duncan Insinger, Sask. Phone: 647-2474	Village of Insinger
Mrs. Angeline Polegi Jedburgh, Sask. Phone: 647-2748	Village of Jedburgh
Mrs. Marlene Dashney Sheho, Sask. Phone: 849-2044/849-4627	Village of Sheho
Mr. George Koshman Theodore, Sask. Phone: 647-2218	Village of Theodore
Mr. Leslie Bugoy Yorkton, Sask. Phone: 782-7302	R.M. Cana #214
Mr. Albert Steffan Melville, Sask.	R.M. Stanley #215

*Regional Board Member

District Health Council #2 (continued)

Mrs. Gloria Mandziak
Goodeve, Sask.
Phone: 795-2710
R.M. Tullymet #216

Mr. Joe Kruda
Willowbrook, Sask.
R.M. Garry #245

Mr. Terry Kozun
Ituna, Sask.
Phone: 795-2932
R.M. Ituna Bon Accord #246

Mr. Albert Pobereznek
Box 2, Insinger, Sask. SOA 1LO
R.M. Insinger #275

DISTRICT HEALTH COUNCIL NO. 3

Name	Representing
Mrs. Jean Thorsness Bredenbury, Sask. Phone: 898-2221	Town of Bredenbury
Mrs. Marie Yanke Churchbridge, Sask. Phone: 896-2281	Town of Churchbridge
Mrs. Carol Unchulenko Esterhazy, Sask. Phone: 745-2300/745-3973	Town of Esterhazy
(no representative appointed)	Town of Langenburg
Mrs. Viola MacDonald Lemberg, Sask. Phone: 335-2249	Town of Lemberg
Mrs. Margaret Rushka Saltcoats, Sask. Phone: 744-2325	Town of Saltcoats
Mrs. Doreen Rausch Atwater, Sask. Phone: 745-3809	Village of Atwater
Mrs. Eveline Johnson Bangor, Sask. Phone: 728-5356	Village of Bangor
Mrs. Mary Nagy Dubuc, Sask. Phone: 877-2046	Village of Dubuc
Mrs. Janice Andrusiak Gerald, Sask. Phone: 745-6972	Village of Gerald
Mr. Fred Bogdan Grayson, Sask. Phone: 794-2057	Village of Grayson

(District Health Council #3 (continued)

Mrs. Beatrice Malach Killaly, Sask. Phone: 748-2392	Village of Killaly
Mrs. Lorraine Andres MacNutt, Sask. Phone: 742-4209	Village of MacNutt
Mr. Murray Hanowski Neudorf, Sask. Phone: 748-2254/748-2233	Village of Neudorf
Mrs. Wanda Petracek Spy Hill, Sask. Phone: 534-2281	Village of Spy Hill
*Mr. Mervin Luce Stockholm, Sask. Phone: 793-2047	Village of Stockholm
Mrs. Marienna Godwin Tantallon, Sask. Phone: 643-2052	Village of Tantallon
Mrs. Doreen Cooper Melville, Sask. Phone: 728-5378	Village of Waldron
Mrs. Bernice Verner Yarbo, Sask. Phone: 745-6135	Village of Yarbo
Mrs. Ilene Thorpe Spy Hill, Sask. Phone: 534-4565	Village of Spy Hill
Mr. Otto Weiss Gerald, Sask. Phone: 745-2609	Village of Gerald
Mr. John Croswell Stockholm, Sask. SOA 3YO Phone: 745-2555	R.M. Fertile Belt #183
Mr. Harvey Mucha Melville, Sask. Phone: 728-5308	R.M. Grayson #184

*Regional Board Member

District Health Council No. 3 (continued)

Mr. John Douhaniuk Killaly, Sask. Phone: 748-2386	R.M. McLeod #185
Mr. Leo Fuhr Langenburg, Sask. Phone: 743-5096	R.M. Churchbridge #211
Mrs. Verene Elmy Saltcoats, Sask. Phone: 744-2779	R.M. Saltcoats #213

DISTRICT HEALTH COUNCIL NO. 4

Name	Representing
Mr. Virgil Hrywkiw. Box 505 Canora, Sask. Phone: 563-5520	Town of Canora
Mr. Metro Kowalchuk Kamsack, Sask. Phone: 542-2778	Town of Kamsack
Ms. Annette Shukin Pelly, Sask. Phone: 595-2084	Village of Pelly
Mrs. Rosemarie Hamell Togo, Sask. Phone: 597-2186/597-2114	Village of Togo
Mrs. Eva Moskal Veregin, Sask. Phone: 542-4365/542-4338	Village of Veregin
Mr. Wilbert Filipchuk Kamsack, Sask. Phone: 542-3319	R.M. Cote #271
*Mr. John Gorchinski Canora, Sask. Phone: 782-7393	R.M. Sliding Hills #273
Mr. Edward Anaka Canora, Sask. Phone: 542-3037	R.M. Good Lake #274
Mr. Russell Lasko Box 191, Pelly, Sask. SOA 2ZO Phone: 542-4615	R.M. St. Phillips
Mrs. Nettie Gazdewich Norquay, Sask.	R.M. Keys #303

*Regional Board Member

DISTRICT HEALTH COUNCIL NO. 5

Name	Representing
Mrs. Beverley Strand Sturgis, Sask. Phone: 548-2842	Town of Sturgis
Mrs. Joyce Gulka Preeceville, Sask. Phone: 547-2888	Town of Preeceville
Ms. Linda Skomorowski Norquay, Sask. Phone: 594-2266	Town of Norqay
Mrs. Pearl Marshall Arran, Sask. Phone: 595-4443	Village of Arran
*Mr. Edward Brezinski Buchanan, Sask. Phone: 592-2242	Village of Buchanan
Mr. Anthony Roelens Endeavour, Sask. Phone: 547-4347	Village of Endeavour
Mr. Paul Chermcora Hyas, Sask. Phone: 594-2936	Village of Hyas
Mrs. Kathy Kaminski Invermay, Sask. Phone: 593-2222	Village of Invermay
Mr. Matt Rogowsky Lintlaw, Sask. Phone: 325-2022	Village of Lintlaw
Mr. Herb Kotyk Rama, Sask. Phone: 593-2068	Village of Rama
Mr. Ray Motilaga Stenen, Sask. Phone: 548-4314	Village of Stenen
Mr. Marvin Boyko Canora, Sask.	R.M. Buchanan #304

*Regional Board Member

District Health Council No. 5 (continued)

Mrs. Evelyn Laird Sheho, Sask. Phone: 849-4645	R.M. Invermay #305
Mr. Adam Shevernoha Arran, Sask. Phone: 595-4787	R.M. Livingstone #331
Mr. Mike Babiuk Norquay, Sask. Phone: 594-2920	R.M. Clayton #333
Mr. William Jakubowski Endeavour, Sask. Phone: 547-5490	R.M. Preeceville #334
Mrs. Loreen Last Lintlaw, Sask. Phone: 325-2148	R.M. Hazel Dell #335

DISTRICT HEALTH COUNCIL NO. 6

Name	Representing
Mr. Len Harasen Wynyard, Sask. Phone: 554-3024/554-2586	Town of Wynyard
Mrs. Jean Seidlik Foam Lake, Sask. Phone: 272-3646	Town of Foam Lake
Mrs. Lana Bolt Dafoe, Sask. Phone: 554-3250	Village of Dafoe
Mr. Terry Torgerson Elfros, Sask. Phone: 328-2070	Village of Elfros
Mr. Ernest George Leslie, Sask. Phone: 272-3893	Village of Leslie
Mr. Fred Woitas West Bend, Sask. Phone: 272-4644	Village of West Bend
Mr. Albin Faye Wishart, Sask. Phone: 576-2428	Village of Wishart
*Mr. Paul Stan Foam Lake, Sask. Phone: 272-4234	R.M. Foam Lake #276
Mr. Gerald Faye Wishart, Sask. Phone: 576-2297	R.M. Emerald #277
Mr. William Kereluke Wadena, Sask. Phone: 338-2738	R.M. Elfros #277
Mrs. Karen Olafson Wynyard, Sask. Phone: 554-2927	R.M. Big Quill #308

*Regional Board Member

DISTRICT HEALTH COUNCIL NO. 7

Name	Representing
*Mr. Stanley Kyba Yorkton, Sask. Phone: 782-2283/783-5221	City of Yorkton

*Regional Board Member

STAFF

Director and Medical Health Officer	- Dr. D.C. Watler
Director, Regional Support Services	- Mr. R. Jones
Senior Clerk Stenographer	- Mrs. M. Montain
Regional Nursing Supervisor	- Miss C. Kerr
Public Health Nurse II	- Mrs. V. Stewart
Senior Public Health Inspector	- Mr. A. Gazdewich
Public Health Nutritionist	- Mrs. M. Hornung
Speech/Language Pathologists	- Mrs. S. Bond-Moore - Mrs. L. Jones
Early Childhood Psychologist	- Mr. R. Cherland
Dental Health Educator	- Mrs. W. Griffith

Yorkton

Clerk Typist II	- Mrs. E. Deneschuk
Clerk Typist II (part-time)	- Mrs. P. Duggan (Transferred to Treatment Branch - August 1990)
Clerk Stenographer II	- Miss D. Kahoot
Clerk Typist II (part-time)	- Mrs. J. Matwijeczko (August 20/90)
Public Health Inspectors	- Miss C. Adams - Mr. D. Melenchuk

Staff - continued

Yorkton	Mrs. A. Anderson (temporary)	Public Health Nurse I
	Mrs. B. Blenner-Hassett (maternity leave during 1989)	
	Mrs. R. Hollis (casual)	Public Health Nurse I
	Mrs. S. Kozicki	Public Health Nurse I
	Mrs. D. Norman	Public Health Nurse I
	Mrs. B. Rushowick (maternity leave effective June 18/90)	Public Health Nurse I
	Mrs. J. Zahaik	Public Health Nurse I
Melville		
	Mrs. G. Walls	Clerk-Typist II(part-time)
	Mrs. M. DeBruin	Public Health Nurse I
	Mrs. J. Oucharek	Public Health Nurse I
	Mrs. D. Wotherspoon	Public Health Nurse I
Esterhazy		
	Mrs. L. Tochor	Public Health Nurse I
	Mrs. V. Stumborg-Rosin	Public Health Nurse I
	Mr. G. Combres	Public Health Inspector
Canora		
	Mrs. D. Korol	Public Health Nurse I
	Mrs. J. Roll	Public Health Nurse I
Kamsack		
	Mrs. D. Grywacheski(part-time)	Public Health Nurse I
	Mrs. M. Sim (part-time)	Public Health Nurse I
	Mr. A. Rakochy	Public Health Inspector
Preeceville		
	Mrs. M. Demetrow	Public Health Nurse I
	Mrs. D. Maksymiw	Public Health Nurse I
Norquay		
	Mrs. P. Johnson	Public Health Nurse I
Foam Lake		
	Mrs. E. Halyk	Public Health Nurse I
	Mr. R. Fielding	Public Health Inspector

PHILOSOPHY OF HEALTH REGION NO. 10

The potential ability to achieve total health is a basic human right and of paramount importance in making for a peaceful, productive, and well integrated community. Health means a dynamic state of well-being which is not only the absence of disease but also includes mental, emotional, social and spiritual components. Together, these make up the concept of total health. This healthy state is never static, but has to be maintained by continual satisfactory adaptation to the changing demands and stresses that occur in both the individual and in our total environment.

The health of the individual can never be independent of the health of the community or nation, since the physical, social and economic environments are critical determinants of total health.

OVERALL GOALS OF HEALTH REGION NO. 10

- To organize the resources available to achieve the highest possible level of total health for the greatest number.

- To promote, prevent, protect and restore the health of the community so that each individual is capable of realizing his maximum potential of total well-being.

- To prevent and alleviate the burden of ill-health not only on a community basis but also in individuals or group situations where applicable.

To achieve these goals, specific objectives with appropriate programs are delivered by the staff of the Health Region.

Judy Roll, Public Health Nurse, Canora, is shown here counselling a participant in the Pulmonary Screening Project. Over 150 farm family members participated in one of the five communities that are part of the project.

Once you begin EVERYONE wins

Report of the Director and Medical Health Officer - Dr. D.C. Watler

This is the annual report for the first year in the new decade of the 90's, and it is clear that Greek philosopher Heraclitus was right when he said long ago that: "There is nothing permanent except change". This change is an even greater reality today, and is occurring at an accelerating rate. How Community Health - Prevention Services Branch deals with these changes in the overall context of the health care system poses a continuing challenge. During the year we saw the final report of the Saskatchewan Commission on Directions in Health Care, and studied the implications of these recommendations on the work of our Regional Community Health Services. Useful comments were made by Board Members and staff, and there is no doubt that in the decade ahead many changes are going to take place. Two other important documents were produced during the year that had relevance to public health services: "Consensus Saskatchewan", and "Healthy Living Goals: a design for Health Promotion in the 1990's" with staff and myself having input into the latter report.

For the year in review the following highlights are worthy of mention:

- The Chiropody and Community Therapy Programs will no longer be a part of this annual review, as these services are now part of Community Health - Treatment Services Branch, and administered directly from Regina. This division occurred in the late summer of 1989.

- The Hon. Minister of Health directed that the present Public Health Act (which dated back to 1909) be appropriately reviewed and a new Act be developed to reflect the current realities of community health. The work of this Legislative Review Committee began early in the year, and I am a member of this Committee working on this important new legislation. The whole project is a major one and will demand maximum effort from all involved if the projected time frame for completion is to be met.

- During the year, progress towards computerization in the Regional Office continued with staff becoming more familiar with operation of the equipment, and realizing the important potential benefits. Most of the staff attended basic computer seminars during the year with certain selected persons attending more advanced courses. The Department is to be congratulated on this initiative, and Regional staff is prepared to deal with the expanded acquisition and usage of the equipment projected for 1991.

- Some success was achieved in obtaining new equipment, and renovation of office accommodation (for more details see report of the Director of Regional Support Services).

- Regional Staff worked with the Centre for Agricultural Medicine at the Royal University Hospital in Saskatoon, the Yorkton Union Hospital, and nearby Rural Municipalities in developing a Farm Health and Safety seminar/clinic for interested Rural Municipalities. The local councillors are active participants in this, and the first of such seminars was held early in 1991.

One Public Health Nurse got special training during the year in pulmonary lung function testing, as one important aspect of these seminars/clinics is lung function screening tests. Apart from these screenings, the program educates and demonstrates to all attendees other important aspects of farm health such as: accident prevention, stress, safe use of agricultural chemicals, skin problems, hearing loss. We are pleased to participate in these community activities so very relevant to farmers.

- Only one general meeting of all Municipal Health Representatives occurred during the year; the fall in-service meeting was cancelled owing to financial constraints. It is hoped that more than one meeting can be held annually in the future as there is concern that too infrequent meetings will lead to apathy and loss of interest. Board meetings, however, were held every two months during the year with good attendance and enthusiasm being maintained.

- The staff situation remained generally stable during the year with all programs being carried out satisfactorily. The Dental Health Educator was away on maternity leave for most of the year, but part-time Dental Health Educators were hired to carry on some basic services.

- The survey in the Region of certain enteric diseases concluded in the summer. This is the Sentinel Health Unit Enteric Disease Study (SHEDS), and we were a part of a national surveillance research study on campylobacter and E.coli (verotoxin producing) infections. The national coordinator thanked us for our input and we are awaiting the final report.

- The Regional staff was involved in discussions with various local authorities who have hired consultants to plan coordination and improvement of hospital and community health services. These initiatives are commendable, but have the potential to create disparities and differences in level of programs with different "Boards" working in isolation. This spate of activities appear to have resulted from some recommendations in the Murray Report where super Boards could make for the redundancy of more regionally based Boards.

- A successful Golden Garbage Can competition was held during the summer between the Town of Foam Lake and Wynyard. The Municipal Health Representatives acted as referees and the local Public Health Inspector from Foam Lake did a very good job as facilitator working with the Municipal Health Representatives, town representatives and various local clubs and organizations. The competition generated much interest and enthusiasm and should become an annual event. Other municipalities are encouraged to organize similar events.

- The water supply of a village was contaminated in the summer with pesticides as a result of back siphonage into the water from a hose being used to dilute a container with concentrated pesticides. Fortunately there were no lasting health effects from this incident, but such accidents are entirely preventable. Regional staff and officers from the Department of Environment and Public Safety carried out the necessary education to prevent a

recurrence and warned the municipality about its responsibility in this area.

- In the late summer there was an increase in the population of mosquitoes with some strains having the potential to transmit Western Equine Encephalitis (WEE), (sleeping sickness). However no equine or human cases of WEE were confirmed in this Region or in the Province.

- The Nursing and Speech/Language Pathology staff completed an evaluation of the Communication Screen. Also there were initiatives from the Regional Nursing Supervisor in evaluating the immunization status of children at school entry, and there are plans to incorporate Child Health records in the province's new computerized Health Services Card (more details from the report of the Regional Nursing Supervisor).

- I continued to provided Medical Health Officer coverage to both Prince Albert and Melfort Health Regions during the entire year as these Regions remained without a resident Medical Health Officer.

- I continue to represent the Department of Health in the province's Radiation Health and Safety Committee; also as the province's medical advisor to the Atomic Energy Control Board.

My thanks to all the staff for the continuing interest, commitment and professionalism shown in all aspects of their work; their general cooperative approach remains excellent.

Also my thanks to the Regional Board for their valuable input and general guidance relative to community health problems.

Finally, I would like to thank the local newspapers, radio and television stations for their willingness to contribute to health promotion and health education activities, and for the responsible approach they have maintained in researching health related messages.

VITAL STATISTICS

Population excluding Registered Indians	- 73,124
Population of Registered Indians (1990)	- 5,425
Area of Health Region #10 - (10,990 square miles)	28,134 sq.Km
Percentage of Total Province	- 4.3%
Population including Registered Indians(1990)	- 78,549
Percentage of Population of Total Province(1990)	- 7.6%
Percentage of population living in urban areas (cities, towns and villages)	- 60.4%

Demography

Table I shows the total population of the Yorkton-Melville Health Region by age and sex (mid 1990 SHSP covered population). Figures I and II show graphically the population changes in the Region by age groups from 1980-1990, and Figure III shows a population pyramid of the Region comparing 1980 to 1990. Table III (a) shows this age pyramid structure as generated by the computer now in use in the Health Region. Some interesting changes are apparent. the lower proportion of the early age groups in 1990; the fewer numbers in early adult life (very likely made more prominent by an outward migration in recent years); some increase in age groups 30-44 (maybe residents returning after failing to obtain employment outside the Region); then a proportional loss up to age 69, and thereafter an increasing number of older persons resident in more recent years with the females in greater proportion to the males. Table II shows the population of Saskatchewan mid 1990 - SHSP covered population and for the first time in the province the females outnumber the males. Table III shows population changes in the province and the Health Region from 1971 - 1990. This indicates the continuing steady decline in the population of

Health Region #10 over the years, and the more recent loss in total population of the province since 1988. The progressive aging of the population continues.

The registered Indian population in Health Region #10 increased to 5,425 in 1990 compared to 5,347 in 1989 (an increase of 1.5%). From 1980 to 1990 the registered Indian population showed an increase of 36%. If the registered Indian population is excluded from the Region's total of 78,549- this population of 73,124 shows that the proportion of those over 65 increases to 20.7%. Among the registered Indian population, the percentage over 65 remains at 2.7% - no change from 1988. This gross difference reflects the much shorter life expectancy of the native Indian compared to the Caucasian population. The aging of the population in this Region with the increasing percentage over 65 emphasizes again the important relevance this has for health care planning.

Appendix A at the back of this review shows a breakdown of the population in the Health Region by age and sex for each municipality indicating also the sex distribution of those over 65 years old.

Figure IV shows the organizational structure of the Regional Health Council and Board, and Figure V the organizational chart of the Health Region. Note that the Chiropody and Community Therapy programs are no longer shown on this chart as these programs are now administered centrally from Regina.

TABLE I

POPULATION BY AGE GROUP AND PERCENTAGE
YORKTON-MELVILLE HEALTH REGION - 1990

AGE GROUP	MALE	PERCENTAGE OF TOTAL POPULATION	FEMALE	PERCENTAGE OF TOTAL POPULATION	TOTAL	PERCENTAGE OF TOTAL
0 - 4	2601	3.31	2552	3.24	5153	6.56
5 - 9	2919	3.71	2897	3.68	5816	7.40
10 - 14	2998	3.81	2878	3.66	5876	7.48
15 - 19	3084	3.92	2981	3.79	6065	7.72
20 - 24	2769	3.52	2402	3.05	5171	6.58
25 - 29	2712	3.45	2478	3.15	5190	6.60
30 - 34	2687	3.42	2508	3.19	5195	6.61
35 - 39	2616	3.33	2391	3.04	5007	6.37
40 - 44	2240	2.85	2182	2.77	4422	4.62
45 - 49	1913	2.43	1947	2.47	3860	4.91
50 - 54	1787	2.27	1817	2.31	3604	4.58
55 - 59	1910	2.43	1907	2.42	3817	4.85
60 - 64	2068	2.63	2058	2.62	4126	5.25
65 - 69	2136	2.71	2170	2.76	4306	5.48
70 - 74	1848	2.35	2064	2.62	3912	4.98
75 - 79	1536	1.95	1835	2.33	3371	4.29
80 - 84	889	1.13	1155	1.47	2044	2.60
85 - 89	467	0.59	642	0.81	1109	1.41
90+	188	0.23	317	0.40	505	0.64
TOTALS:	39368	50.12	39181	49.88	78549	100.00

Total Population: 78549
Total Youth Dependency Ratio: .362
Total Aged Dependency Ratio: .328
Total Dependency Ratio: .690
Population <15 years of age: 21.44
Population >65 years of age: 19.41
Male to Female Ratio of Population: 1.004:1

The Total Dependency ratio gives a measure of the proportion of active persons in potential productive labour i.e. it is the ratio of all persons 15 years and under plus those 65 years and over divided by the population between 15 and 64 years old.
For Health Region No. 10, this ratio is higher than the provincial total owing to the greater number of dependent persons 65 years and over.

FIGURE I

PERCENTAGE BY AGE GROUP 1980-1990

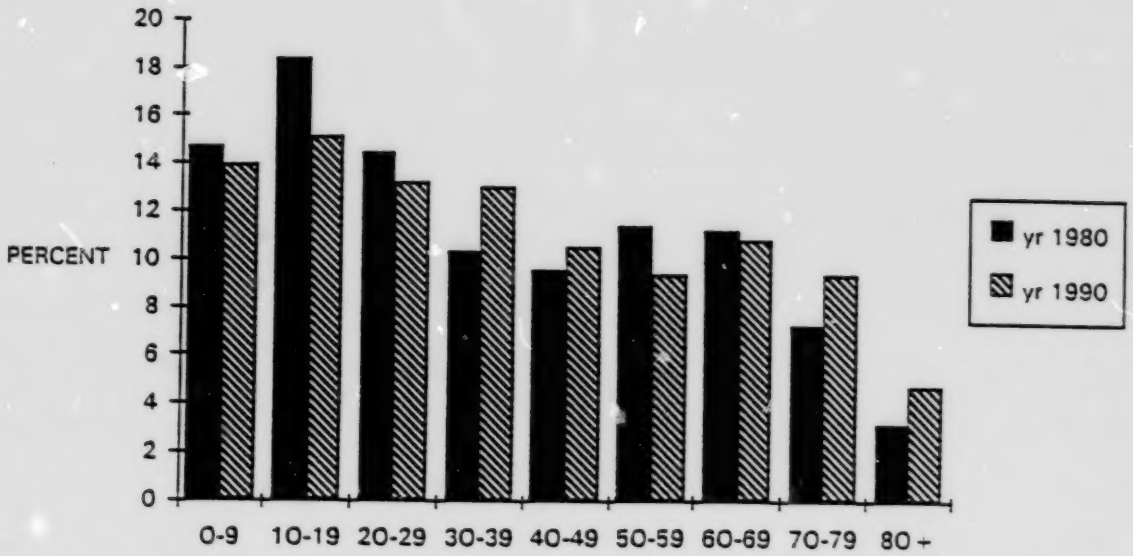


FIGURE II

POPULATION BY AGE GROUP 1980-1990

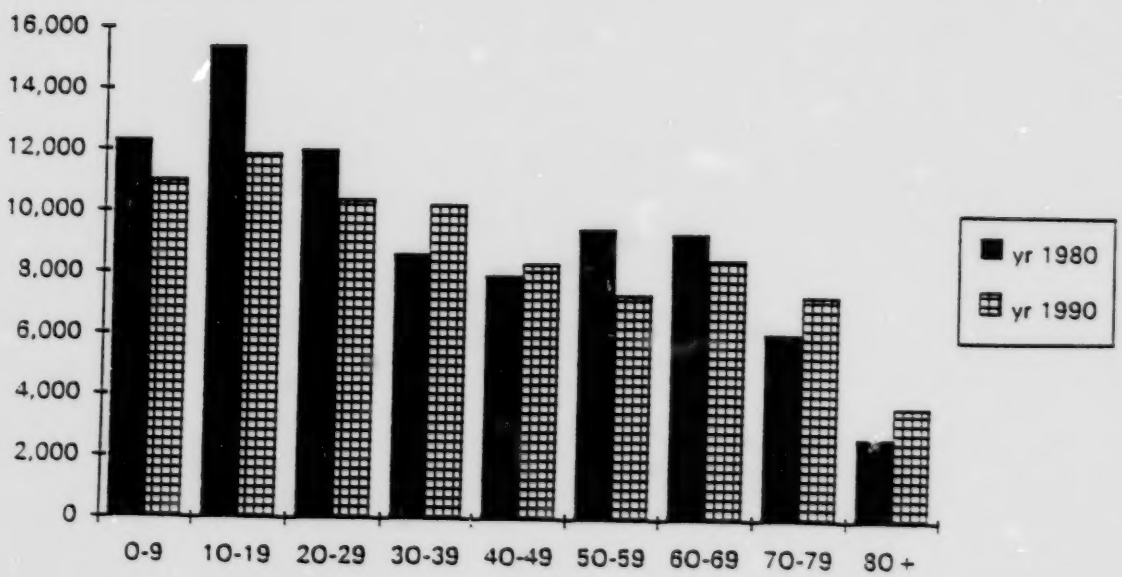


FIGURE III

AGE PYRAMID OF THE HEALTH REGION POPULATION 1980 and 1990

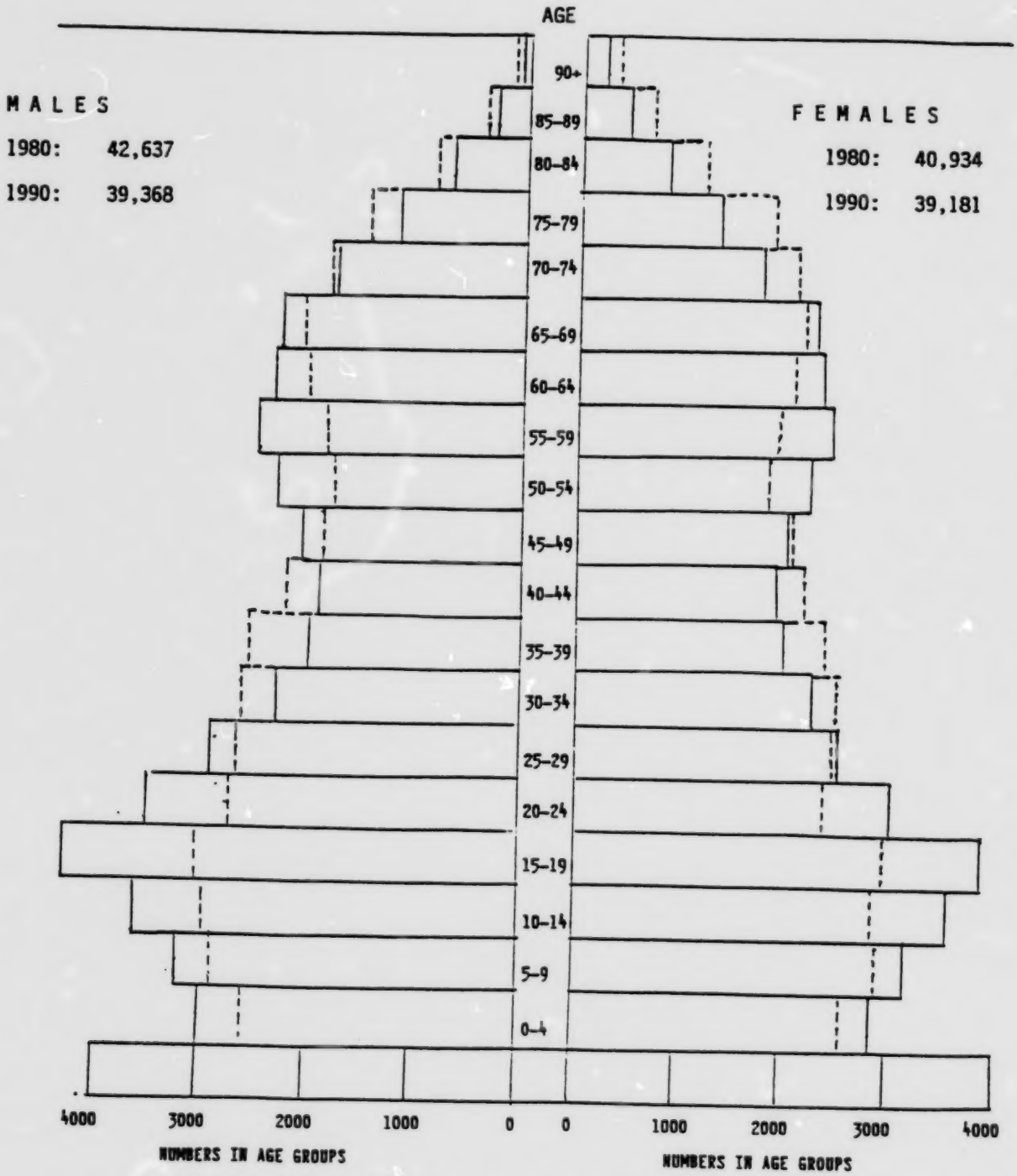


FIGURE III (a)

AGE PYRAMID OF THE HEALTH REGION
POPULATION 1980 and 1990

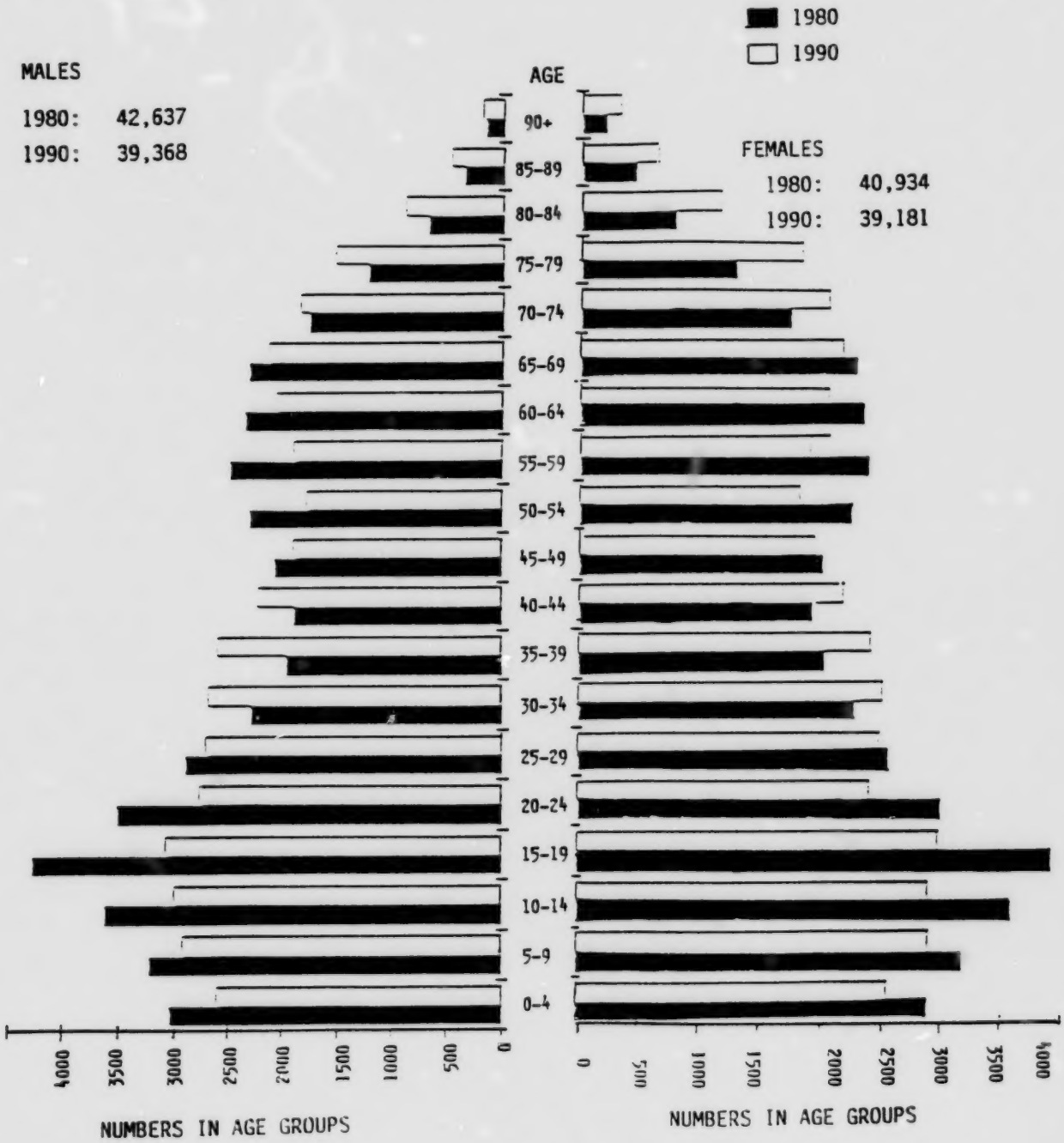


TABLE II

POPULATION BY AGE GROUP - SASKATCHEWAN - 1990

AGE GROUP	MALE	FEMALE	TOTAL
0 - 4	42184	39956	82140
5 - 9	43021	41279	84300
10 - 14	40804	38965	79769
15 - 19	39146	37455	76601
20 - 24	38707	36740	75447
25 - 29	44458	43221	87679
30 - 34	44020	42713	86733
35 - 39	39332	37269	76601
40 - 44	31994	30850	62844
45 - 49	24701	24043	48744
50 - 54	21684	21467	43151
55 - 59	21771	21566	43337
60 - 64	21403	22108	43511
65 - 69	19827	21701	41528
70 - 74	16334	19584	35918
75 - 79	12472	16220	28692
80 - 84	7394	10551	17945
85 - 89	3728	5818	9546
90+	1585	3281	4866
TOTALS:	514565	514787	1029352

Total Population: 1029352
Total Youth Dependency Ratio: .382
Total Aged Dependency Ratio: .215
Total Dependency Ratio: .597
Population <15 years of age: 23.92
Population >65 years of age: 13.45
Male to Female ratio of population: 0.999:1

TABLE III

POPULATION CHANGES IN SASKATCHEWAN AND
HEALTH REGION NO. 10 (1971-1990)

(SHSP Covered Population Including Registered Indians)

YEARS	TOTAL POPULATION		PERCENTAGE CHANGE		PERCENTAGE OF POPULATION 65 YEARS AND OLDER		
	H.R.#10	SASK.	H.R.#10	SASK.	H.R.#10	SASK.	CANADA (STATS.Can.)
1971	86,039	938,527					
1972	86,867	934,607	+1.0	-0.4			
1973	85,236	923,181	-1.9	-1.2			
1974	84,126	922,487	-1.3	-0.1			
1975	84,381	931,921	+0.3	+1.0			
1976	85,099	949,463	+0.9	+1.9			
1977	85,242	961,526	+0.2	+1.3	14.3	11.0	
1978	84,838	970,510	-0.5	+0.9	14.8	11.2	9.1+
1979	84,442	976,734	-0.5	+0.6	15.4	11.4	
1980	83,571	982,237	-1.0	+0.6	15.9	11.6	
1981	82,952	990,746	-0.7	+0.9	16.3	11.8	9.7*
1982	83,332	1,000,667	+0.5	+1.0	16.6	11.9	
1983	83,154	1,014,496	-0.2	+1.4	16.8	12.0	10.0+
1984	82,881	1,028,965	-0.3	+1.4	17.2	12.0	
1985	82,262	1,039,249	-0.7	+1.0	17.6	12.3	
1986	81,776	1,041,358	-0.6	+0.2	17.8	12.4	10.7**
1987	81,258	1,045,440	-0.6	+0.4	18.2	12.6	
1988	80,442	1,044,151	-1.0	-0.1	18.5	12.8	
1989	79,435	1,036,832	-1.3	-0.7	19.0	13.1	11.3***
1990	78,549	1,029,352	-1.1	-0.7	19.4	13.5	
Overall Change (1971-1990)			-8.7	+9.7			

\+ Estimates from Census Data

* 1981 Census

** 1986 Census

*** Estimates from the 1986 Census (Stats. Canada)

FIGURE IV

REGIONAL BOARD AND COUNCIL
STRUCTURE AND ORGANIZATION

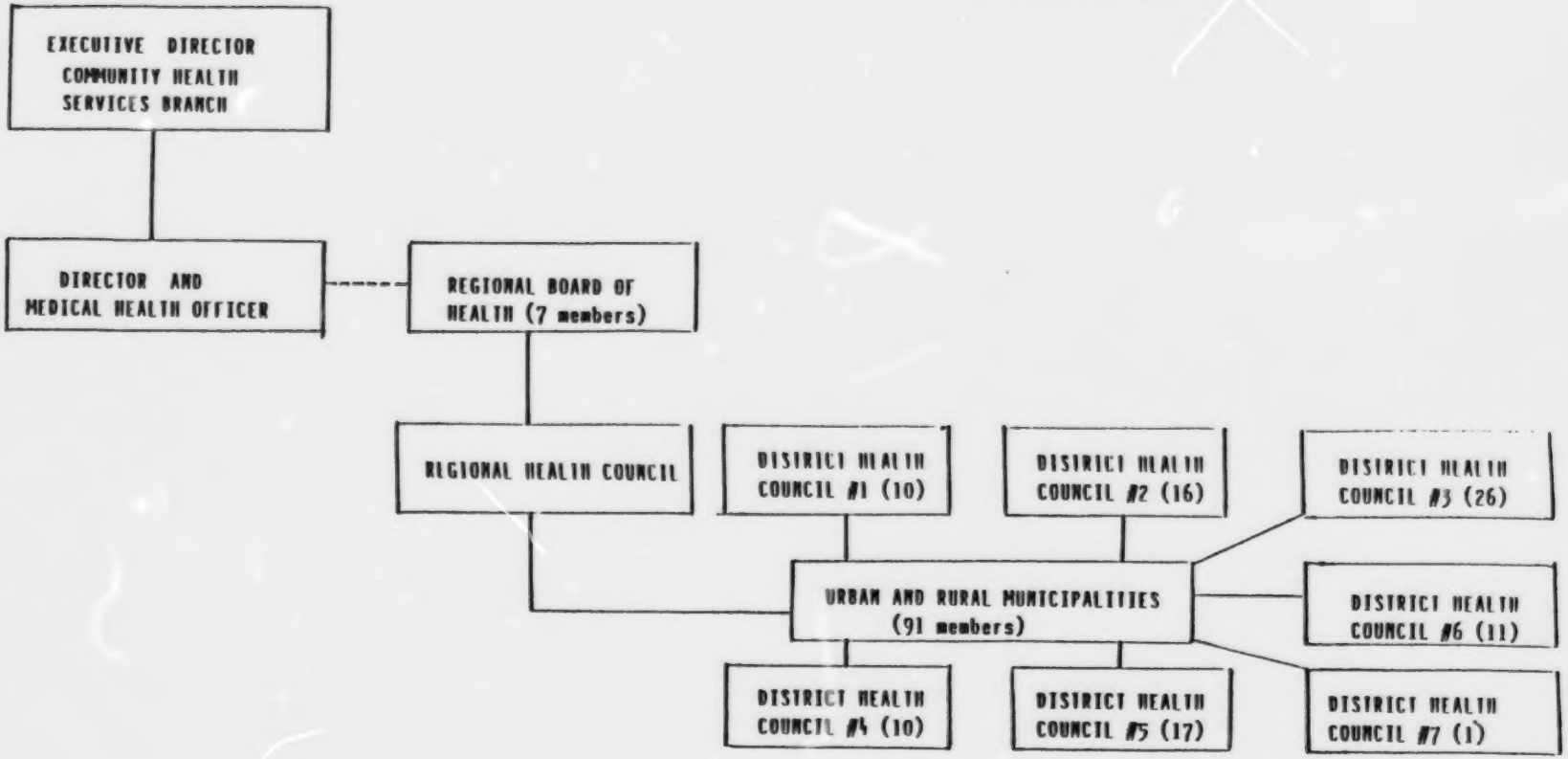
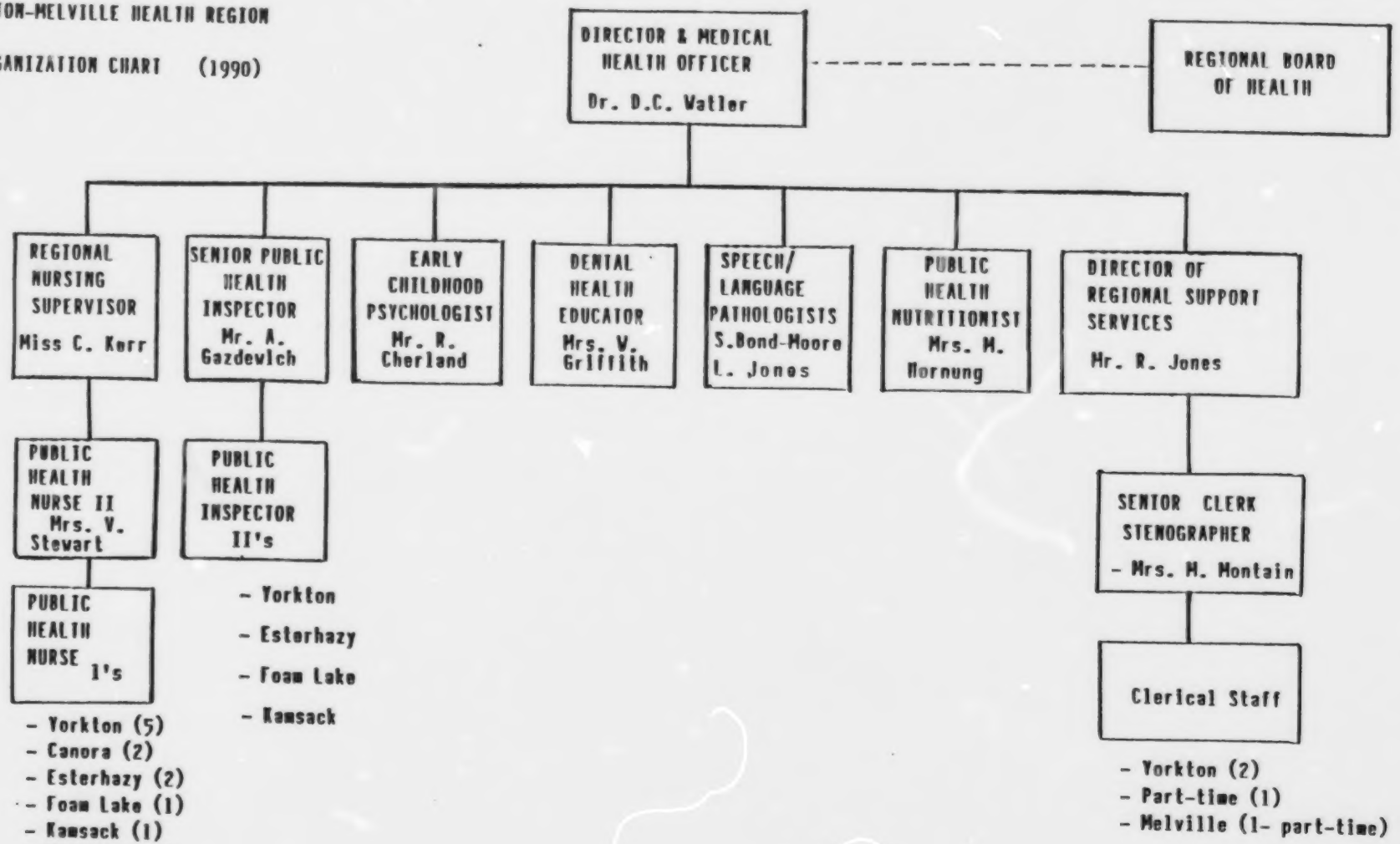


FIGURE V

YORKTON-MELVILLE HEALTH REGION

ORGANIZATION CHART (1990)



Fertility Data

Table IV shows births, birth rates, and total fertility rates from 1961-1990 for the Health Region and Province. The data for 1989 and 1990 are provisional, as it takes a couple of years to check on the place of residence of the birth; in practice these provisional data are accurate ± 1-2%. The table shows the continued lowering of all the natality data for the Health Region while the Province as a whole seems to have stabilized its total fertility rate (TFR) for the last 4-5 years. However for both the Health Region and the Province these figures show that the TFRs are below the population replacement level. Comparisons with TFRs throughout Canada are interesting as the Province of Saskatchewan showed a higher TFR in 1989 when compared to the Canadian average: - 1.99 for Saskatchewan and 1.77 for Canada (Statistics Canada, Personal Communication)

Table V shows birth data for the province for women 19 years and younger for the years 1970-1990 , and Table VI shows similar data for the Health Region for the years 1982-1990. The total births and births to all those ≤19 years old show a steady and continuing drop in both the province and Health Region, but is more marked in the Health Region.

Also for both the province and the Region the percentage of births to those married 19 years and less has shown a significant decline, while the percentage of all births to single mothers (in the same age group) has shown a very considerable increase. So, clearly, the majority of births occurring to teenaged mothers are now to unmarried women.

The observation at the bottom of Table VI is interesting as this gives a comparative rate (rather than a percentage) between the unmarried pregnancy rate to those $\leq$19 years in the province as a whole and in the Health Region. For both the two years analyzed i.e. 1985 and 1990 the rate per 1,000 population is considerably higher in the province compared to the Health Region; in 1990 it is 1.8 times higher in the province. The factors underlying this difference are difficult to pin down, but ethnic differences, level of education, religious conviction and access to family planning are all probably involved to a greater or lesser extent. The higher fertility levels in the native and metis teenage population may be an important factor since these population groups are in relatively larger numbers in centres outside the Health Region.

TABLE IV

BIRTH AND TOTAL FERTILITY RATES (TFR) FOR HEALTH REGION NO. 10 and SASKATCHEWAN

	HEALTH REGION NO. 10			SASKATCHEWAN		
YEAR	TOTAL LIVE BIRTHS	BIRTHRATE	TOTAL FERTILITY RATE	TOTAL LIVE BIRTHS	BIRTHRATE	TOTAL FERTILITY RATE
1961	1674	20.7	-	23994	25.9	4,221
1975	1078	13.2	-	15265	16.8	2,219
1976	1135	13.7	-	15969	17.3	2,301
1977	1155	13.6	2,148	16547	17.7	2,267
1978	1151	13.6	2,109	16551	17.5	2,202
1979	1160	13.7	2,107	16977	17.7	2,193
1980	1149	13.7	2,097	17116	17.6	2,144
1981	1163	14.0	2,120	17300	17.8	2,143
1982	1124	13.4	2,013	17759	17.7	2,170
1983	1158	13.9	2,043	17847	17.6	-
1984	1063	12.8	1,900	18014	17.5	2,108
1985	1125	13.7	2,047	18162	17.5	2,094
1986	1062	13.0	1,952	17513	16.8	1,986
1987	923	11.5	1,723	17034	16.3	1,954
1988	929	11.6	1,768	16763	16.1	1,955
1989*	913	11.5	1,787	16572	16.0	1,994
1990*	848	10.8	1,700	16031	15.6	1,989

Definition: Total Fertility Rate represents the average number of children that would be born to women if they survive through their reproductive years and bear children in accordance with the age specific fertility rates observed in a given year. A total fertility rate of 2,100 is just the population replacement level and means that the average number of children born to a hypothetical cohort of women is 2.1. As more males are born than females this corresponds approximately to a gross reproductive rate of 1,000 which means 1 female child per family.

Birth Rate is the number of live births per 1,000 population. This is a less reliable indicator of fertility as it does not take into account the age differences in the child bearing population.

- Not available

* Provisional Figures

TABLE V

BIRTH DATA FROM 1970-1990 FOR THE PROVINCE OF SASKATCHEWAN
SHOWING BIRTHS TO WOMEN 19 YEARS AND YOUNGER

Year	Total births to Sask. Mothers	Births to all Mothers ≤19	Percentage all births to those ≤19	Births to those married ≤19		Births to Single Mothers ≤19	
				Total	Percentage of all those ≤19	Total	Percentage of (all births ≤19)
1970	16443	2275	13.8	1359	59.7	916	40.3
1972	15473	2539	16.4	1486	58.5	1053	41.5
1974	15118	2478	16.4	1373	55.4	1105	44.6
1976	15969	2725	17.1	1434	52.6	1291	47.4
1978	16551	2645	16.0	1163	44.0	1482	56.0
1980	17057	2441	14.3	959	39.3	1482	60.7
1982	17759	2231	12.6	729	32.7	1502	67.3
1983	17823	2166	12.2	645	29.8	1521	70.2
1984	18090	2019	11.2	566	28.0	1453	72.0
1985	18233	1860	10.2	443	23.8	1417	76.2
1986	17507	1800	10.3	360	20.0	1440	80.0
1987	17007	1690	9.9	289	17.1	1401	82.9
1988	16700	1629	9.8	228	14.0	1401	86.0
1989	16572	1685	10.2	234	13.9	1451	86.1
1990	16031	1626	10.1	191	11.7	1435	88.3

TABLE VI BIRTH DATA FOR HEALTH REGION #10 FOR THE AVAILABLE YEARS
SHOWING BIRTHS TO WOMEN 19 YEARS AND YOUNGER*

Year	Total births to H.R.Mothers	Births to Mothers ≤19	Percentage of births to those ≤19	Birth to those married ≤19		Births to Single Mothers ≤19	
				Total	Percentage of all those ≤19	Total	Percentage of (all births ≤19)
1982	1105	151	13.7	54	34.8	97	64.2
1983	1141	130	11.4	52	40.0	78	60.0
1984	1047	127	12.1	44	34.6	83	65.3
1985	1114	112	10.1	36	32.1	76	67.9
1986	1038	96	9.2	29	30.2	67	69.8
1987	907	84	9.3	15	17.9	69	82.1
1988	915	98	10.7	16	16.3	82	83.7
1989	913	74	8.1	16	21.6	58	78.4
1990	848	75	8.8	14	18.7	61	81.2

*These data are from interim reports from Vital Statistics not tabulated further elsewhere but should be accurate ±2-3%.

In comparing single pregnancy rates per 1,000 population in the age group 10-19 the following comparison is made between Saskatchewan and Health Region #10 for the year 1985, and the year 1990.

For 1985: The pregnancy rate for single women in Saskatchewan for those ≤19 - 17.9/1,000
The pregnancy rate for single women in Health Region #10 for those ≤19 - 11.6/1,000

For 1990: The pregnancy rate for single women in Saskatchewan for those ≤19 - 18.8/1,000
The pregnancy rate for single women in Health Region #10 for those ≤19 - 10.4/1,000

Mortality Data

Table VII shows infant mortality for the years 1961-1990 and compares the Health Region with the Province. Worthy of note is that there was only one infant death in the Region during the year and this occurred to an 8 day old infant who died from a severe congenital lung disease (agenesis and hypoplasia of the lungs). The perinatal deaths were all due to stillbirths, with unstated etiologies. Caution is needed in interpreting these data as the numbers are small, but the general trend in the improvement of infant mortality in this Region indicates a very satisfactory and improving maternal and infant health status.

In analyzing further the trends in infant mortality in this Region for the years 1981-1990, the following observations are made and shown in Table VIIa.

From this table it can be seen that the majority of deaths are occurring within the first seven days (and often within the first day) and between one month and six months; in fact 86% of all deaths.

The following are the causes of death in the 31 cases that occurred in the first 7 days:

-11 due to severe congenital anomalies

- 7 due to birth asphyxia with atelectasis

- 6 due to low birth weight

- 5 due to Respiratory Distress Syndrome

- 1 precipitate labour

- 1 polyhydramnios

The following are the causes of death in the 8 cases that occurred between 7 days and 1 month:

4 - due to severe congenital anomalies

2 - due to Respiratory Distress Syndrome

1 - due to Sudden Infant Death Syndrome

1 - due to delayed asphyxia

The following are the causes of death in the 31 cases that occurred between one month and 6 months of age:

13 - due to Sudden Infant Death Syndrome

8 - due to severe congenital anomalies

4 - due to acute respiratory infection

2 - due to strangulation with asphyxia (cause unknown)

1 - due to acute appendicitis

1 - due to anoxic brain damage

1 - bronchopulmonary dysplasia

1 - cause unknown

The following were the causes of death in the two cases occurring between 6 months and one year.

- Both (x2) due to the delayed effects of congenital anomalies.

In summary, the commonest causes of death were:

25 cases from severe congenital disease (35.2% of all deaths) - or 2.4/1,000 births.

14 cases from the Sudden Infant Death Syndrome (19.7% of all deaths) or 1.4/1,000 births.

These two conditions: severe congenital abnormalities and Sudden Infant Death Syndrome together account for 55% of all infant deaths or 3.8/1,000 births. Further analysis of these data both in the Region and Province over the last 10 years would be worthwhile. Figure VI show graphically the changes in the infant mortality rate for the Province and Region for the years 1980-1990.

Other mortality data:

Table VIII shows Years of Potential Life Lost (YPLL) for the most common causes of death comparing Saskatchewan with Health Region #10 for the years 1987-1988. Data for 1989 and 1990 are not yet available. The YPLL is an important indicator of mortality and represents the number of years lost due to premature death before the age of 70. It shows that while Cardiovascular disease (heart disease and stroke) is the commonest cause of death, accidents - that is all unintentional injuries such as traffic accidents, falls, drownings, etc.) - remain a very important cause of YPLL. Other findings indicate important conditions that could be reduced by improving preventive health services. An interesting difference between Health Region #10 and Saskatchewan is that cancers exceed accidents as YPLL in Health Region #10 compared to Saskatchewan. This finding warrants further study. In both Canada as a whole and in the USA unintentional injuries are significantly the most important reason for YPLL. Another rather alarming finding in the United States for 1989 is that AIDS is now rapidly increasing as a cause of YPLL and these exceeds such diseases as chronic

obstructive lung disease, pneumonia, and strokes.*

In the younger age groups in males it is now a very significant cause of early mortality. In Canada, it has not yet reached such alarming proportions.

Table IX shows life expectancy at birth in Saskatchewan and Health Region No. 10 comparing data from 1974-1988. Data is not yet available for 1989 and 1990.

Table X shows age standardized mortality rates comparing Canada with the various provinces. In this comparison, Saskatchewan shows the lowest male rates of any province for Cancer of the lung, and the lowest for coronary artery disease, and chronic obstructive lung disease for both sexes and the lowest male rates for stroke. Also - for all diseases listed, Saskatchewan is well below the National average. While morality rates may not necessarily correlate directly with health and well-being, there is a general correlation so that Saskatchewan can be safely regarded as generally practising more health enhancing behavior than most other areas of the country.

Table XI gives an age standardized mortality comparison between Saskatchewan and the Health Region for Cancer of the lung, coronary heart disease, stroke, chronic obstructive lung disease and breast Cancer. The same ICD classification was used in calculating these rates and the standardization is done to make this data also directly comparable to other provinces.

* See MMWR (1990) Vol. 40. No. 4. p.61

This table shows that for Cancer of the lung, the Health Region has no significant difference compared to the province; and for coronary heart disease the men in the Region fare better than the province as a whole, but the women significantly worse. For chronic obstructive lung disease both males and females in the Region show significantly better rates than the province; for breast cancer the rate is slightly worse than for the province. For strokes, the Region's males are well below the rate in Saskatchewan and any other province but the female rates are the highest in Canada.

The most interesting significant findings are the higher rate of coronary artery disease in women compared to the rest of the province, and the extremely high rate for stroke in females in the Region. The reasons for this warrant further study and comparisons over a longer period of time.

Interim data for the total number of deaths in the province for 1990 indicate 805 deaths occurred giving a crude death rate of 10.2/1,000 total population. 28% of all deaths were due to cancers, and 44% to cardiovascular disease (heart disease and stroke) - no significant change from 1988 and 1989. Age standardized rates for at least 10 years would be needed to detect significant trends in these two diseases in Saskatchewan and Health Region No. 10 but national data indicate no improvement in deaths from cancer of the breast over the last 2 decades but a continuing decline in deaths from cardiovascular disease.

TABLE VII INFANT MORTALITY DATA, HEALTH REGION NO. 10, COMPARED WITH SASKATCHEWAN

YEAR	HEALTH REGION NO. 10						SASKATCHEWAN					
	Infant Deaths < 1 Year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Perinatal Deaths	Perinatal Mortality Rate	Infant Deaths < 1 Year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Perinatal Deaths	Perinatal Mortality Rate
1961	43	25.7	23	13.7	-	-	618	25.8	395	16.5	-	-
1974	21	18.9	17	15.3	-	-	313	20.7	191	12.6	341	22.3
1975	12	11.1	7	6.5	-	-	272	17.8	164	10.7	280	18.2
1976	9	7.9	7	6.2	-	-	229	14.3	139	8.7	269	16.7
1977	14	12.1	9	7.8	-	-	249	15.0	156	9.4	295	17.7
1978	13	11.6	7	6.1	-	-	236	14.3	151	9.1	274	16.4
1979	14	11.2	10	8.6	18	15.4	189	11.4	121	7.1	242	14.2
1980	11	9.7	6	5.2	13	11.2	193	11.3	102	6.0	221	12.9
1981	14	12.0	9	7.9	18	15.4	203	11.8	112	6.5	230	13.3
1982	5	4.5	2	1.8	7	6.3	181	10.2	110	6.1	191	10.7
1983	9	7.8	3	2.6	10	8.7	177	9.9	102	5.7	185	10.3
1984	14	13.2	6	5.6	12	11.2	169	9.4	101	5.6	214	11.8
1985	5	4.4	1	0.9	12	10.6	200	11.0	123	6.8	207	11.3
1986	7	6.7	4	3.9	10	9.6	157	9.0	95	5.4	145	8.3
1987	7	7.7	3	3.3	10	10.8	155	9.1	87	5.1	163	9.5
1988	7	7.7	5	5.5	6	6.5	140	8.4	85	5.1	123	7.3
1989*	3	3.3	2	2.2	3	3.3	129	7.9	79	4.8	114	6.9
1990*	1	1.2	1	1.2	5	5.9	123	7.7	67	4.2	115	7.1

* Provisional Figures - Not available

Table VII(a)

Infant deaths (excluding stillbirths) per 1,000 live births by age at death - Health Region #10 1981-1990

Age	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	Cumulative
Within first 7 days	9	1	3	5	1	4	3	3	2	0	31
7 days - 1 month	1	2	0	2	0	0	0	2	0	1	8
1 month - 6 months	4	2	4	7	4	3	4	2	1	0	31
6 months - 1 year	0	0	2	0	0	0	0	0	0	0	2
Total	14	5	9	14	5	7	7	7	3	1	72

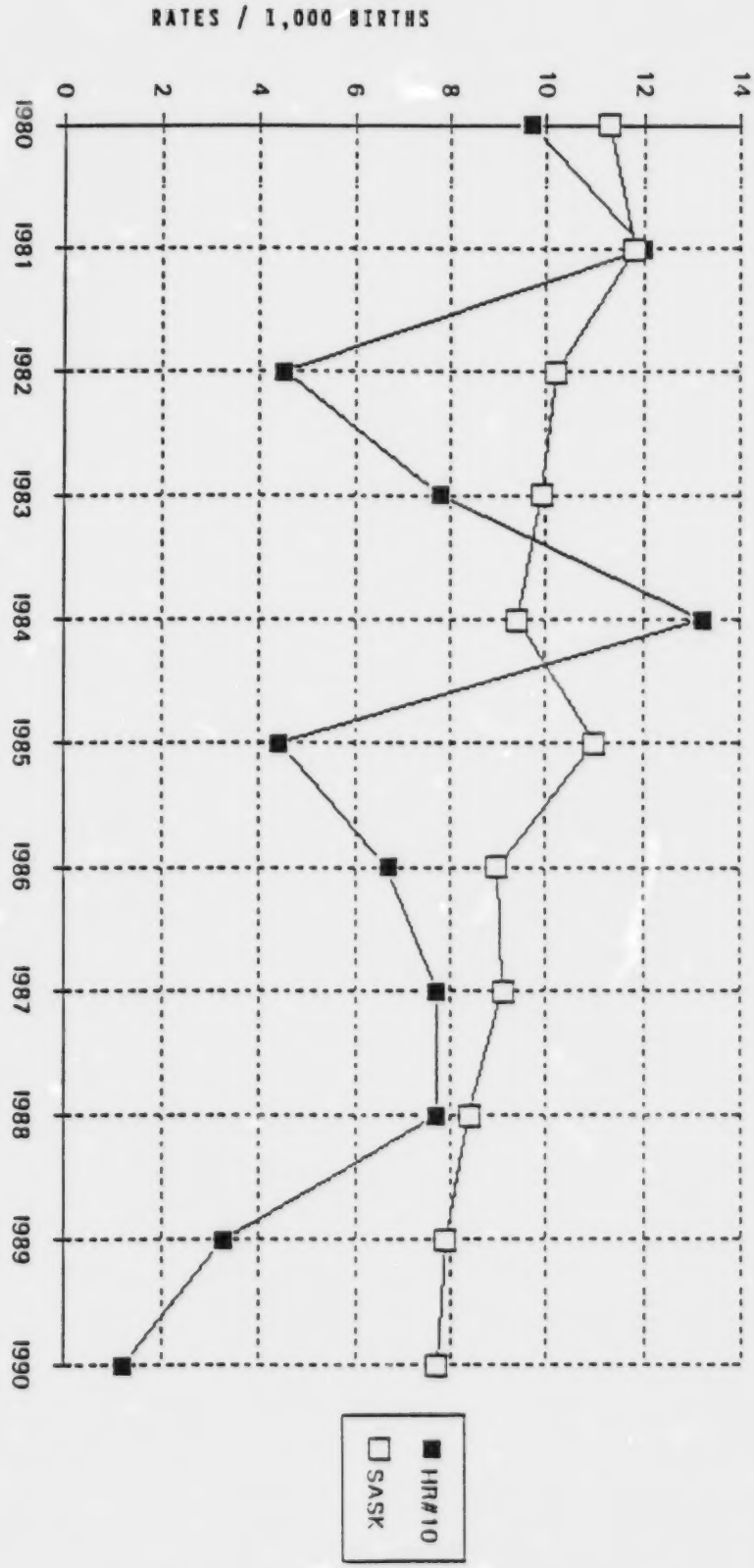


FIGURE VI

INFANT MORTALITY RATES

Table VIII

YEARS OF POTENTIAL LIFE LOST (YPLL)

CONDITION	SASKATCHEWAN 1987	SASKATCHEWAN 1988	HEALTH REGION #10 1987	HEALTH REGION #10 1988
1. Accidents (Unintentional injuries)	14,372	12,289	520	602
2. Cancers	9,791	9,511	863	758
3. Heart Diseases	5,643	6,018	473	543
4. Perinatal Mortality	4,309	3,681	209	345
5. Suicides	3,998	4,508	415	303
6. Strokes	820	1,070	68	145
7. Pneumonias	639	1,050	75	100
Others	13,932	13,895	614	811
Total	53,504	52,021	3,237	3,607
Standardized rates *	55.8	54.9	45.1	50.6

* This adjusts the crude rate (number of YPLL before 70/1,000 population aged <70 years) for the age/sex distribution of the population aged <70 years.

TABLE IX

LIFE EXPECTANCY AT BIRTH BY SEX
FOR SASKATCHEWAN AND HEALTH REGION #10
1974 - 1988

	HEALTH REGION #10		SASKATCHEWAN	
YEAR	MALE	FEMALE	MALE	FEMALE
1974	69.9	77.2	69.9	77.2
1980	73.1	79.1	72.3	79.3
1987	75.4	80.3	74.2	80.2
1988	74.0	81.4	73.8	80.5

This table shows a continuing lengthening of life expectancy at birth for both males and females. An interesting observation is that over the 15 year period the difference in years between life expectancy for males and females show no significant narrowing. (7.3 longer for females in 1974, and 7.4 in 1988 in Health Region No. 10; 7.3 and 6.7 for Saskatchewan). There is really no significant narrowing of the gap in life expectancy between males and females for the 15 year period and this is reflected in the continuing socio-medical and economic problems of elderly widows in the population.

TABLE X

Age-standardized Mortality Rates* by Cause of Death, by Sex, All Ages, Canada and Provinces, 1987

		Canada	NF	PEI	NS	NB	PQ	ON	MB	SK	AB	BC	Lowest prov. rate
Ca. large intestine & rectum	M	23	28	32	24	24	26	25	25	20	19	21	19
	F	17	21	13	17	17	20	17	17	14	15	15	13
Ca. trachea, bronchus & lung	M	62	56	69	62	71	80	59	53	46	46	51	46
	F	21	10	13	23	21	21	21	21	16	18	24	10
Diabetes	M	12	14	7	13	12	15	12	11	9	10	9	7
	F	10	18	12	12	13	12	10	10	8	7	7	7
Coronary heart disease	M	193	232	215	203	201	200	203	179	157	176	169	157
	F	93	113	107	96	104	94	100	86	79	83	80	79
Stroke	M	43	53	39	43	41	45	44	42	37	43	41	37
	F	36	36	28	29	35	36	36	35	36	37	36	28
Chronic obstr. lung disease	M	34	32	34	35	34	44	31	31	24	33	29	24
	F	10	9	11	10	10	12	10	8	8	10	10	8
Cirrhosis of liver	M	10	6	12	8	10	12	10	7	9	8	9	6
	F	4	3	2	2	3	4	5	4	3	5	5	2
Breast Ca.	F	25	24	30	29	26	26	27	24	21	25	22	21
Ca. uterus inc. cervix	F	6	6	4	6	5	6	6	5	5	6	4	4
Total	M	377	421	408	388	393	422	384	348	302	335	329	296
	F	222	240	220	224	234	231	232	210	190	208	203	172

* 1971 Canada population used as standard. Rates per 100,000 person-years.

Source: Chronic Diseases in Canada (1990) Vol. 11: No. 5 p.73

TABLE XI

COMPARISON OF AGE STANDARDIZED MORTALITY RATES
BETWEEN SASKATCHEWAN AND HEALTH REGION #10
FOR CERTAIN DISEASES*
FOR THE YEAR 1987

	SASKATCHEWAN		HEALTH REGION #10	
	Male	Female	Male	Female
Cancer, trachea, bronchus and Lung	46	16	46	15
Coronary heart disease	157	79	144	93
Stroke	37	36	30	53
Chronic Obstructive Lung Disease	24	8	19	5
Breast Cancer	-	21	-	23

*Rates per 100,000 person-years

Note: This table can be used along with Table X to see exactly how the rates for Health Region #10 compare with the rest of the country, as the age standardization was done the same way.

COMMUNICABLE DISEASES

Table XII shows the incidence of certain important Communicable Diseases in the Region for the years 1976-1990.

No outbreaks of any Communicable Disease occurred during the year, but certain comments are relevant.

Sexually Transmitted Diseases

Gonorrhoea: The usual level of the past three years was maintained; of these 7 cases, six occurred in males and one in females with 4 in the age group 20-24. This is some ten times less than the incidence in the Province (see Table XIV). This difference is most likely not completely accurate, as many physicians in the Region seem to be treating these cases without laboratory confirmation and not notifying them. However with our older and less urban population it is fair to assume we have a lower incidence in this Region. No cases resistant to penicillin occurred, but in the province as a whole there were 8 cases with bacteria resistant to penicillin - and having to be treated with another antibiotic.

Chlamydial genitourinary infections: These showed an increase in 1990, but is probably not significant as it is about the average for the previous three years. Comparing Health Region #10 and Saskatchewan:-

The rate per 100,000 for Health Region #10 is 59.8.

The rate per 100,000 for Saskatchewan is 312.2

Again there should be some caution in interpreting the much lower incidence in this Region.

Of the 47 cases that occurred in the Region:-

17 had contacts identified and followed up by the physician

18 cases were notified by the physician but no identifiable information was available on contacts

10 cases were not notified by the physician (?some being false positive laboratory reports)

2 cases had adequate information for contact tracing provided by the physician and were satisfactorily followed up by the Public Health Nurse.

Table XII (a) shows the age and sex distribution of the 47 cases of chlamydial infection reported during the year. A noteworthy observation is that the female to male ratio is 2:1 and that the majority of cases occurred in the age group 10-19 especially in females. These findings are similar to those found in the province and elsewhere in the country and is a cause for great concern. Sexually Transmitted Disease due to chlamydia is predominantly affecting young girls, appears to be on the increase, and has serious complications in the female where, if untreated, can cause sterility, ectopic pregnancy and pelvic inflammatory disease. As up to 80% of chlamydial infections in the female is asymptomatic, the serious implications of this disease are evident.

<u>Salmonellosis:</u> The usual endemic level occurred during the year and the 24 serotypes were identified as:

Salmonella hadar - 8

Salmonella heidelberg - 6

Salmonella thompson - 2

Salmonella enteritidis - 2

Salmonella agona - 1

Salmonella infantis - 1

Salmonella oslo - 1

Salmonella brandenburg - 1

Salmonella montevideo - 1

Salmonella oranienberg - 1

This was the first year that Salmonella typhimurium was not identified, and generally in the province was not as frequent as in previous years. Some of the above serotypes are quite rare, and in a number of instances were acquired by tourists while travelling abroad. Travellers abroad to many holiday resorts or when travelling off the beaten track must take precautions to prevent these infections by avoiding unsafe food and water.

Rubella, measles and tuberculosis - maintained a low incidence.

Giardiasis: - The usual level was maintained. Six of the 39 cases reported gave histories of drinking surface water from lakes while on holiday; no conclusive source was identified in the other 33 cases.

Campylobacteriosis: Of the 18 cases reported, six gave histories of drinking unpasteurized milk. The health hazard of drinking unpasteurized milk must be emphasized, as, apart from campylobacter infection, other serious diseases can be transmitted this way.

Other Communicable Diseases (not tabulated)

Pertussis: One case was confirmed in the Region during the year, but there were probably a few others that were not identified who had a mild clinical illness. In the province as a whole there were 73 cases reported for 1990, a slight increase from 1989. Many were from near the Alberta border, as that province had quite a serious outbreak of this disease during 1990. It is very important to keep up high levels of immunization against pertussis as the vaccine is not as efficacious as some other ones, and many parents have been reluctant to accept the vaccine for their children owing to exaggerated fears of the possible adverse side effects that have been much publicized.

Hemorrhagic colitis (due to certain toxic strains of E.coli 0:157) Two cases occurred during the year; one from consuming poorly cooked hamburger, and the other from drinking unpasteurized milk. In the case of the one who consumed unpasteurized milk, there was the very serious complication of the hemolytic uremic syndrome where the patient became very ill, and had to undergo dialysis owing to kidney failure. Fortunately recovery occurred in this case; such a complication occurs in about 5% of persons infected with this strain of enteric bacteria.

Listeriosis: - The first confirmed case of this disease occurred during the year. This is a serious infection due to a bacteria known as the listeria monocytogenes. It is a foodborne infection, but not much is known about its exact method of spread and natural history. In this case the infection was probably due to consuming

unpasteurized cream cheese; the patient became very ill, was comatosed for many days, but fortunately made a complete recovery. The Laboratory Centre for Disease Control in Ottawa is investigating all such cases that occur in the country and we submitted full details on this case to aid in the study.

Influenza: 5 cases were confirmed by laboratory tests during the year; all were Influenza A. This condition is much under-reported, but no outbreak situation was recognized.

Rabies: Table XIII provides some information about rabies incidents in the Region during the year. Stray cats and dogs that escape again caused problems, and the control of these animals is essential, as - without examination or observation - vaccine has to be given to persons bitten by these animals, since this Health Region is a rabies endemic area.

Table XIV compares the incidence of certain Communicable Diseases between Health Region #10, Saskatchewan and Canada. They should be interpreted with caution owing to the varying accuracy of notification throughout the country.

Rheumatic Fever Prophylaxis Program: At the end of the year, 60 cases remain on the program; one was discharged and one admitted. A review is being undertaken into cases on the program to ensure they meet the appropriate criteria.

TABLE XII

INCIDENCE OF CERTAIN COMMUNICABLE DISEASES - HEALTH REGION NO. 10

1976 - 1990

DISEASE	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
Gonorrhoea	56	46	35	24	31	38	29	27	24	32	23	24	7	10	7
Syphilis	4	5	4	0	1	1	0	0	2	3	1	3	3	1	1
Hepatitis A	0	11	1	5	6	2	4	4	90	83	17	4	2	4	1
Hepatitis B			1	1	1	1	0	0	0	8	2	2	7	0	5*
Hepatitis nonA nonB									2	2	5	1	2	0	1
Salmonellosis	18	7	10	23	14	15	7	93	21	16	25	17	17	32	24
Measles	22	26	14	68	39	5	0	0	0	6	69	8	2	1	0
Rubella	0	0	1	17	8	0	0	0	0	0	1	0	0	5	0
Pulmonary Tuberculosis	21	2	3	1	11	5	2	2	1	9	2	1	2	1	1
Shigellosis (Bacillary Dysentery)				2	13	33	8	1	4	1	41	3	3	0	1
Meningitis				11	8	17	13	4	4	4	3	5	5	0	1**
Giardiasis							8	13	38	46	46	58	42	54	39
Campylobacter infection									5	13	19	23	27	16	18
Viral Gastroenteritis									40	62	40	61	114	64	N/A
Chlamydial genito-urinary infections												57	63	34	47

* Of these 5 cases, four were carriers.

** This was a viral meningitis

TABLE XII (a)

AGE AND SEX DISTRIBUTION OF CASES OF CHLAMYDIA
HEALTH REGION #10 - 1990

AGE GRCUP	FEMALE	MALE	TOTAL
10-14	1	0	1
15-19	13	3	16
20-24	9	4	13
25-29	2	5	7
30-39	5	2	7
40-59	0	2	2
Unknown	1	0	1
TOTAL	31	16	47

TABLE XIII

RABIES - 1986-1990

SPECIES	NUMBER EXAMINED					NUMBER POSITIVE					PERCENT POSITIVE					POSITIVE ANIMALS WITH CONFIRMED HUMAN EXPOSURE OR BITE				
	1986	1987	1988	1989	1990	1986	1987	1988	1989	1990	1986	1987	1988	1989	1990	1986	1987	1988	1989	1990
Skunk	10	100	17	6	15	7	23	15	6	9	70	23	88	100	60	0	0	0	1	0
Cat	18	32	24	10	17	2	2	2	0	0	11	6	8	0	0	1	0	1	0	0
Dog	14	18	12	15	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bovine	14	16	5	1	7	2	0	0	0	0	14	0	0	0	0	0	0	0	0	0
Horse	0	0	0	0	1	0	0	0	0	1	0	0	0	0	100	0	0	0	0	0
Others	6	33	7	1	5	0	1	0	0	0	0	8	0	0	0	0	0	0	0	0
TOTALS	62	199	65	33	58	11	26	17	6	10	17	13	26	18	32	1	0	1	1	0

In 1990:

- 10 cases received post exposure vaccine
  4 cases - from exposure to stray cats (4 escaped)
  4 cases - dogs (2 escaped; 2 unfit for examination)
  1 case - squirrel that escaped and was behaving strangely
  1 case - rabbit that escaped- the person bitten very anxious.

Note: Rabies very seldom if ever occurs in squirrels and rabbits, but vaccine may have to be given under certain circumstances.

Table XIV

COMPARISON OF INCIDENCE RATES OF CERTAIN COMMUNICABLE DISEASES

1985 - 1990 RATES / 100,000 POPULATION

DISEASE	1985			1986			1987			1988			1989			1990		
	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA *	HEALTH REGION #10	SASKATCHEWAN	CANADA **	HEALTH REGION #10	SASKATCHEWAN	CANADA +
Gonorrhoea	38.9	182.6	149.4	28.1	166.8	133.0	29.5	170.6	105.0	8.7	126.8	70.1	12.6	94.5	63.3	8.9	89.2	
Syphilis	3.6	1.8	8.5	1.2	0.4	8.0	3.7	0.6	8.2	3.7	0.9	6.2	1.3	0.6	4.3	1.3	0.1	
Hepatitis A	100.9	83.1	9.7	20.8	27.6	5.2	4.9	11.9	3.8	2.5	10.5	5.3	5.0	12.6	6.6	1.3	26.7	
Hepatitis B	9.7	13.8	7.9	2.5	12.3	8.3	2.5	16.8	9.4	8.7	12.4	7.7	0	12.5	8.1	6.4	12.2	
Salmonellosis	19.4	19.1	29.6	30.6	30.4	38.9	20.9	35.8	42.5	21.1	30.0	37.2	40.3	50.0	34.9	30.6	30.4	
Measles	7.3	1.1	10.9	84.4	39.6	58.8	9.8	8.9	8.2	2.5	1.6	2.1	1.3	1.4	3.7	0	0.7	
Rubella	0	2.6	9.0	1.2	22.1	9.3	0	3.2	4.4	0	0.7	1.9	6.3	13.0	5.7	0	0.5	
Pulmonary Tuberculosis	13.4	11.9	6.4	2.5	8.6	6.1	1.2	12.4	6.2	2.5	10.7	6.3	1.3	16.5	5.7	1.3	N/A	
Shigellosis	1.2	24.2	4.9	50.1	48.3	5.5	3.7	23.0	5.1	3.7	17.6	6.2	0	26.9	5.8	1.3	22.5	
Giardiasis	55.9	20.7	28.0	56.3	26.5	32.2	71.4	64.6	33.8	52.2	74.1	31.7	68.0	77.0	34.4	49.7	60.0	
Campylobacter				23.2	25.4	38.1	28.3	35.5	39.3	33.6	28.3	36.0	20.1	28.4	37.5	22.9	30.2	

* Based on estimated mid-year population 1988 - 25,911,800 (Statistics Canada).
** Based on estimated mid-year population 1989 - 26,218,500 (Statistics Canada).
\+ Not Available

REPORT OF THE DIRECTOR, REGIONAL SUPPORT SERVICES

- Mr. R. Jones

The third annual report of the Director of Regional Support Services is respectfully submitted to the Yorkton-Melville Regional Board of Health, and our Medical Health Officer, Dr. D.C. Watler.

SERVICES TO THE BOARD: 1990 was an interesting year working with the board, as organizational changes and "Future Directions for Health Care in Saskatchewan" brought change and the possibility of change to the board for discussions and deliberations.

The Regional Board became the approval body for "Everyone Wins Community Grants" in our Health Region in 1990, and 7 grants have been approved to date. Although the allotment of $7,000 for Regional Everyone Wins Grants has not been met to date, we anticipate no problem as there are more grant applications to review and approve.

HEALTH PROMOTION ACTIVITIES: Staff members of the Yorkton-Melville Health Region have shown a great deal of enthusiasm and willingness to support all Health Promotion activities. This enthusiasm is contagious and I have tried to do my fair share as a Prevention Branch staff member.

Yorkton's Canada Health Day Committee was an interesting and successful project to help organize with staff from the Yorkton Union Hospital. Our Canada Health Day Promotion was to take part in the Yorkton "Farm and Leisure Show". No fewer than eleven staff members contributed time, energy and ideas to our display.

Working with Yorkton's "Canada Fitness Week" committee helped in a winning "Participaction" day for Yorkton. An enthusiastic contingent of co-workers helped staff venues for the May 30th challenge.

COMMUNITY DEVELOPMENT ACTIVITIES: The Regional Board of Health and Health Councillors are the most important factor in rural community development on behalf of our Branch. The Everyone Wins Community Grants are a good example of a community development activity overseen by our Board.

The Health Region joined with the Yorkton Union Hospital and the Centre for Agricultural Medicine to develop a Respiratory Testing program as a service to municipalities in the area that are part of the Agriculture Health and Safety Network. Along with Dr. Watler and Carol Kerr, Regional Nursing Supervisor, I have participated in committee meetings that will guide this innovative community development project.

A community development activity participated in, that was in part a health related project, was "Consensus" Saskatchewan. A large part of May and June was devoted to facilitating 9 public meetings in rural communities as part of a strategy to create a vision for Saskatchewan's future.

HEALTH REGION COMPUTERIZATION: In 1989 the Branch embarked on the introduction of micro computers to Regional operations. After the receipt of one micro computer a plan for further introduction was developed. Our Region has taken the challenge and believe we are more than ready for further computerization.

Training: During the period April 1, 1990 to December 31, 1990 our Health Region staff have taken 37 days of computer training between 17 different staff members.

Computer Uses: Within the first six months, all secretarial staff are using Word Perfect, most business management reports are computerized, budgets and expenditure control are computerized, a Public Health Inspection program has been introduced, graphs for 1989 annual report and even some desk top publishing. Needless to say this requires some time sharing inconveniences and we look forward to additional units.

Procurement Actions: - 1990: An organized approach was developed by central office in the purchase and budgeting needs for the current year. A purchase plan was submitted that used both the Basic Equipment Study and current priorities to communicate regional needs to central office.

Three refrigerators were purchased to replace three 1958 models. The replacement program began in 1989 and for next year an additional refrigerator will bring the program to an end.

Two VCR's and two 14" televisions were purchased so district offices have the ability to use VHS taped material for prenatal and other health education needs. The VCR's have insulated carrying cases and can be shared between geographically close district offices.

Waiting room furniture and toys for children were purchased this year as requested by the region's Serving People First, Systems Committee. This is a real winner and I have noted other regions have or are planning to introduce the children's furniture and toys as well.

An updated telephone system was introduced in Melville after two years of awaiting S.P.M.C. telephone planning decisions. It became apparent in October that our office was not to be included on centrex and we changed to a "Smart Talk" system at no additional cost.

Space and Accommodation: The official space and accommodation study completed in November 1989 did yield results as renovations to both the Regional Office and Preeceville office were given high departmental priority.

Both Branches (Prevention and Treatment) are hopeful that 1991 will bring projects that result in adequate well-organized space.

1991 LOOKING FORWARD: Some new approaches to management of the branch are welcome as a direction toward participative management. Much has been accomplished this last year to set the stage for the future of this Branch.

Computerization of the regional offices will continue until all aspects of both program and administrative activities are automated. Community development ideas may change the way we deliver programs and I look forward to contributing to the success of the Health Region's initiatives in the coming years.

PUBLIC HEALTH NURSES
YORKTON-MELVILLE HEALTH REGION

Foreground: (Left to right) Myrna Dirk (Consultant, Central Office), Vivianne Stewart, Public Health Nurse II, Carol Kerr, Regional Nursing Supervisor, Lorraine Tochor (Esterhazy), Marie Demetrow (Preeceville).

Background: Ginny Stumborg-Rosin (Esterhazy), Pauline Johnson (Norquay), Edith Halyk (Foam Lake), Deb Wotherspoon (Melville), Joyce Zahaik (Yorkton) Lynne Wunder (Theodore), Judy Roll (Canora), Mavis DeBruin (Melville), Maggie Simm (Kamsack), Sandi Kozicki (Yorkton), Dorothy Korol (Canora), Barbara Broda (Kamsack), Bonnie Rushowick (Yorkton), Dianne Norman (Yorkton

Missing: Bonnie Blenner-Hassett (Yorkton), Doris Maksymiw (Preeceville) Joan Oucharek (Melville), Deb Grywacheski (Kamsack).

Report of the Public Health Nursing Program

-Miss C. Kerr

The Public Health Nurses have experienced another busy and successful year while attempting to address community health issues and concerns through health promotion and disease prevention activities.

We are pleased that our number of Public Health Nursing positions remained stable at 18. However, we have experienced staff shortages due to two maternity leaves and an extended sick leave. Doris Maksymiw, Public Health Nurse I, Preeceville and Bonnie Blenner-Hassett, Public Health Nurse I, Yorkton returned to work May and September 1990 respectively following one year's maternity leave.

Bonnie Rushowick, Public Health Nurse I, Yorkton commenced maternity leave June 1990. Sandi Kozicki, Public Health Nurse I, Yorkton has been on extended sick leave since June 1990.

In Yorkton, temporary Public Health Nursing services were provided by Ann Anderson full time from January - August 1990 and Ruth Hollis , part time from October 1990 to January 1991. Maggie Sim provided part time service for Preeceville until May 1990.

The Kamsack office has the first job-sharing position to be implemented in our region since May 1990. Deb Grywacheski and Maggie Sim are the nurses currently sharing the position. They are finding that working part-time allows them more time with their families.

Passport to Health Program

Child Health Conference services continued to be well utilized in our Health Region. We have 30 established sites.

In 1990 5,797 visits were made to Child Health Conferences for the purposes of physical, nutritional and developmental assessment, vision, hearing, speech and language screening, and immunization.

A revised questionnaire to assess Speech/Language skills of 3 year olds, was introduced provincially in April 1989. The questionnaire was evaluated through data collected over a 9 month period. Public Health Nurses identified an eligible population of 732 three year olds in our Health Region. Of this population, 538 (73%) were screened and 110 (20%) failed.

A final evaluation report of the revised questionnaire has been submitted to Jane Knox, Executive Director. Recommendations resulting from this report will be forthcoming.

The revised vision screening program for 4, 6, 9 year olds began on January 1, 1989 - data was collected during 1990 in order to evaluate the effectiveness of the program. Results of this screening evaluation will be submitted in 1991.

School Services

A number of the schools in our Health Region once again experienced outbreaks of pediculosis. A considerable amount of nursing time was needed to carry out screening and follow-up.

A revised pediculosis protocol is being introduced in 1991. This will emphasize an educational component to assist parents and

school personnel in the identification, treatment and prevention of head lice.

The Public Health Nurses will be moving out of mass screening of school children. It has been proven to be an inefficient method in the control of head lice.

Post Partum Parent Support Program (PPPSP)

The PPPSP was developed for hospital and community health personnel by the Health Promotion Branch of Health and Welfare Canada. It is aimed at two target groups - families with newborn babies and the health professionals involved with them.

The program provides consistent well researched answers to the many questions commonly asked by parents prenatally, through their labour and delivery to the conclusion of the post partum period.

In August, Norma Buchan, Program Coordinator oriented the hospital personnel and the Public Health Nurses of our Health Region in the implementation of the program. Participants were all provided with a resource manual containing the commonly asked questions and their answers. Information sheets on a wide range of topics will be used for parents in order to reinforce and support the teaching done by the health care personnel.

It is an excellent program requiring a coordinated team effort between hospital and community health. The enhanced communication, networking and sharing of resources of the two agencies will result in a more consistent, quality approach in the delivery of services to our families.

Nobody's Perfect Program

This program was also developed by Health and Welfare Canada and is being coordinated provincially by Saskatchewan Institute on Prevention of Handicaps. The purpose of the program is to provide support to young, single, low income, socially or geographically isolated parents, with limited formal education. The program is directed to parents who have children ranging in age from birth to age 5.

The program gives parents access to information on their children's health, safety, development and behaviour. It encourages parents to have confidence in their ability to be good parents.

Dorothy Korol, Public Health Nurse I, Canora and Deb Wotherspoon, Public Health Nurse I, Melville took the Orientation course to the program. They will be responsible for recruiting participants and will deliver the program in a group or one-to-one basis in our region.

Information material will be provided at no cost to the parents. Baby sitting and transportation arrangements will be available as required. Currently we are approaching various community groups to sponsor this program.

It is a positive form of support for parents who have few resources for help or information.

Respiratory Health Maintenance Project

A joint venture by the Yorkton Union Hospital, the University of Saskatchewan Centre for Agricultural Medicine and Public Health has resulted in a Respiratory Health Maintenance Program for farmers in the rural municipalities of the Yorkton District.

Pulmonary function testing will be carried out and referrals made based on interpretation of the results.

The program will also provide education on the respiratory hazards on the farm and discuss ways to reduce the health risks associated not only with respiratory problems but also other health hazards in farming.

To date, three rural municipalities have decided to participate in the program. Judy Roll, Public Health Nurse I , Canora will be assisting in the health education for this program.

Forum on the Family

A National Symposium on the Family was held in Regina in July 1989. As a direct result, initiatives to strengthen families at the community level resulted in the development of Family Forum Conferences. Public Health Nurses were active participants in the planning of the forums conducted in Esterhazy, Kamsack and Yorkton. From the Family Forum Conference in Yorkton, youth has been identified as an area of need. Meetings are currently being held with various agencies to explore and plan the direction which should be taken to meet this need.

Breastfeeding Workshop

Our Health Region sponsored a Breastfeeding Workshop for Public Health Nurses and hospital personnel in our Region. Lorraine Khachatourians, Lactation Consultant from Saskatoon, was our keynote speaker. She provided an exciting, humorous blend of professional and practical information on all aspects of breast feeding.

The 47 participants were from various Public Health Offices and hospital personnel in the Health Region. With the Post Partum Support Program currently being implemented, this was viewed as an excellent time to hold a workshop of this nature.

Computerization

Computerization of the Public Health Nursing immunization program is now coming closer to reality. A planning committee was formed in the fall of 1990. Carol Kerr, Regional Nursing Supervisor and Ginny Stumborg-Rosin, Public Health Nurse I, Esterhazy represented our Health Region. Computerization provincially will provide improvement to the overall immunization registry system. Replacing the manual method of record keeping and statistical reporting with this computerized tracking of immunization delinquents should result in improved rates of immunization. The program will be initially piloted in Regina Rural Health Region and North Battleford Health Region prior to provincial implementation. Introductory courses in computers have been held for Public Health Nurses in order to provide them with opportunities to become familiar with the forthcoming changes in this area.

Education, Student Experience and Inservice

Our nurses were active in providing field experience for students from the College of Nursing, University of Saskatchewan. We are pleased to be involved as the students gain a good working knowledge of the role of the Public Health Nurse and the Community Health Program.

Five Public Health Nurses attended the Continuing Education Program for Public Health Nurses in Practice held for one week in Saskatoon. The theme for the session "Promoting the Health of Children and Adolescents in the Family Context" was very enthusiastically received by the nurses who attended.

Throughout the year the Public Health Nurses also attended workshops including Saskatchewan Public Health Nursing Association, Saskatchewan Registered Nurses Association Conference, POGO, New Strategies For Patient Teaching, Asthma, Computer, Pediatric Update, Domestic Violence, National Conference on Perinatal Care, Prevention of Handicaps and Promotion of Health.

Public Health Nurses were also instrumental in providing health education programs to community groups.

Throughout the year, Public Health Nurses have continued to provide a high quality of Public Health Nursing services to their communities. This has been done via the various programs previously discussed as well as the traditional programs of Child Health Conferences, Prenatal Classes, Home Visits, School Health and Respiratory Program.

I have appreciated the extra effort made by the Public Health Nurses in providing these services despite being faced with staff shortages.

On behalf of the Public Health Nursing staff, thank you to Dr. Watler for his continued teaching and guidance, as well to all the Health Region staff for the teamwork and cooperation you have provided.

PUBLIC HEALTH NURSING STATISTICS

	1988	1989	1990
Number of Nursing Days	3688	3253	2730
Home Visits	3904	3293	3466
Total Contacts Made		7611	7918
Prenatal Program			
Home Visits	117	102	103
Number of Classes	140	124	126
Total Attendance			
Mothers	917	794	770
Fathers/Coaches	813	649	677
Postnatal Program			
Home Visits	771	707	719
School Health Services			
No. of CHC Appointments Available	8693	8449	8156
No. of CHC Appointments Made	7530	7550	7318
No. of CHC Appointments Kept	5921	5888	5797
No. of CHC Appointments Not Kept	1688	1662	1421
Infant Immunization (0-12 Months)			
Primary DPT		2328	2227
Primary OPV		2357	2379
Primary DT		17	32
Primary DPT Polio		19	53
Preschooler (1 year through 4 years)			
DPT (18 Months & 4 Years)		1481	1604
OPV		1543	1707
DT		36	92
DPT Polio		16	47
MMR		808	812
Hib		673	753
School Health			
Immunization: DPT, DT, Td, TdP	846	1285	962
OPV	853	1232	973
MMR	207	179	* 29
Home Visits To:			
Adults Over 65	1169	1164	1194
Adults Under 65	956	686	834
SAIL Home Visits: Respiratory		751	1020
Special Needs Equipment		351	369
Communicable Disease Follow-up	427	125	296
Referrals to Other Agencies		730	698

* MMR to school age 11-year-old girls are fewer because of routine MMR at 1 year of age

Report of the Public Health Inspection Program

- Mr. A. Gazdewich

In 1990 the Public Health Inspection program, through education, consultation, inspection and enforcement of regulatory requirements has continued to strive in making our communities a healthier and safer place to live.

Staff:

- In April 1990 we were pleased to welcome Camille Adams to our inspectional staff. Camille comes from London, England where she was employed as a Public Health Inspector for four years.
- Dalton Melenchuk transferred to the Moose Jaw Health Region at the end of the year. We were sorry to see him leave.

Staff changes are always disruptive and place additional demands on existing staff to familiarize themselves with new areas. We regret the inconvenience these changes may have caused in the delivery of inspectional services.

Program Highlights

Several special events took place in our region which Public Health Inspectors were involved in:

(1) - In February 1990 - Saskatchewan Winter Games were held in the City of Melville and the necessity of providing proper accommodation and food services for approximately 1000 participants was a major undertaking. Approximately 3000 meals were served each day, and a total of 18,000 meals served for the entire 6 day duration of the Winter Games.

We are very pleased with the excellent cooperation received from the organization responsible for the food service which involved 180 volunteers.

These volunteers participated in a modified National Sanitation Training Program to become better informed on proper technique in safe food handling. The undertaking was a complete success with no incidents or complaints received regarding the service provided.

(2) - Introduction of new Computer Information System

The new system appears to be promising with the capability of providing the type of statistical information required by the Inspector as well as the Branch to ensure that the inspectional services are provided in an efficient and expedient way. We regret we are unable to provide any statistical information for this report due to the short duration of the new program. We are hopeful that statistical data will be available for our next report.

(3) - Golden Garbage Can Award

This was a competition organized by Roger Fielding, Public Health Inspector, Foam Lake. The competition was between the Town of Wynyard and the Town of Foam Lake and took place in July 1990. The success of this program was undoubtedly due to the involvement and participation of the Municipal Health Representatives, elected municipal officials, residents, students and various organizations within the communities. Indications are that the two communities are interested in repeating the competition during 1991.

The Town of Foam Lake was presented with the Golden Garbage Can Trophy by Dr. Watler, Medical Health Officer.

(4) - Secondment of Public Health Inspector to Northern Services.

Gilbert Combres, Public Health Inspector, Esterhazy was seconded to Northern Saskatchewan for two weeks to provide inspectional coverage of tourist accommodation facilities for Northern Health Services. This was necessary due to the shortage of Public Health Inspectors in Northern Health. Mr. Combres found the assignment most interesting, as access to these facilities could be reached by fly-in service only. He was also impressed with the size and condition of facilities found in these areas.

(5) - Soft Ice Cream Survey

A soft ice cream sampling survey was completed to determine bacteriological quality of these products. The difficulty with this program was the distance from the Laboratory services. Maintenance of the temperature of the product to be analyzed is critical if meaningful results are to be obtained. However, we are encouraged by the interest of owners/operators of ice cream outlets, as well as the interest shown by Public Health Inspectors.

(6) - Transportation of Edible and Non-edible food products

This has again been identified as a concern. An incident occurred in our Region where a trucking unit was checked on a routine inspection by the Highway Traffic Officer and was found to be transporting food products in an unsatisfactory manner.

The Officer requested the assistance of a Public Health Inspector to represent the Health concerns. The trucking firm was subsequently charged and eventually fined $275 in District Court. As a result of this incident, Saskatchewan Health, Highway Traffic Board and the trucking industry will arrange a meeting to establish guidelines and/or standards for the transportation of food items.

Routine Public Health Inspection Programs

- Our inspection program again gave priority to facilities that require either Permit or Licence to Operate. Inspection of such facilities as stores, barbershops, beauty parlours and schools were restricted to those where previous inspections showed major deficiencies, requests received or complaints made.
- The number of plumbing inspections decreased as a result of lower construction initiatives during 1990.
- In Shoreland Development areas, inspection of existing sewage disposal systems as a result of complaints or new installations continued. Consultations were also provided in regard to private water supplies.
- Annual inspections of recreational facilities such as skating rinks were completed as well. A number of selected rinks were monitored for carbon monoxide levels.
- Swimming Pools continue to be inspected and monitored for proper maintenance of equipment and acceptable water quality.

Education Programs

Education Programs continue to be well received.

- There were 7 National Sanitation Training Programs conducted with a total of 196 participants.
- A Level I Swimming Pool Operators Course was held in Yorkton with a total of 26 participants.
- The Think Clean Program available to staff working in larger institutions is being utilized to remind staff of the need for a safe food service.
- The Continuing Education Course held at the University of Saskatoon each year was attended by Mr. Anton Rakochy, Mr. Gilbert Combres and Mr. Dalton Melenchuk.

I would like to take this opportunity to thank the Public Health Inspectors for their cooperation and excellent work throughout the past year.

On behalf of the Public Health Inspectors, thank you Dr. Watler, clerical staff and various other disciplines for your continued support.

REPORT OF THE EARLY CHILDHOOD PSYCHOLOGY PROGRAM

- Mr. R. Cherland

The purpose of the Early Childhood Psychology Program in Community Health - Prevention Services Branch is to promote the health and well being of preschool children.

This goal is achieved through three primary means. In day to day casework psychological services are provided to infants, toddlers and preschoolers in response to developmental and behavioral concerns parents have as they struggle to help their child grow. In addition, consultative services are extended to parents, other professionals and community individuals to assist them in responding to the needs of young children in their care. Through formal and informal public education activities, parents and other interested individuals are informed of developmental issues important to children and their families in their community. As much as possible all these preventive services are provided to families in their local d ict.

The stat..ics included at the end of this report detail some aspects of the services provided over the past year. Casework, involving comprehensive assessments, counselling, consultations and case conferences, continued to demand most of the program's resources.

The Wadena district has also been included in the area I cover. Six days were spent in this district working with children and their parents.

The past year saw an increase in public education activities. Presentations were given in Esterhazy, Arran and Preeceville on topics relating to preschool children with emphasis on how to cope with difficult situations. The Public Health Nurses were most instrumental in publicizing and providing the support needed to make these meetings successful.

Support was given to two groups attempting to meet special health prevention issues in the region. One community committee, on which I have served, has held public information sessions to present material on the problem of child abuse. Using video and printed material, the committee has worked to help parents become aware of the causes of child abuse, sources of support for victims and methods of preventing it.

The second group, called 'Parents O.A.S.I.S. Network', was established by parents of children involved in the Parkland Early Intervention Program. They have been developing a service to assist families soon after parents have discovered that their infant or toddler has or is at risk for having a mental handicap.

The 'O.A.S.I.S. Network' strives to offer parent-to-parent support from families who have already gone through this difficult time. I feel honoured to have been invited to help these parents develop this volunteer service in the region.

In the coming year I hope that progress can continue to be made in all areas of the program. Provincial budget restrictions have increased the limits on pamphlet and handout information available. Possibly we can develop some alternative ways of providing information to parents who request data on developmental and behavior concerns for their children. Changes are being made to the monthly record keeping and reporting procedures. These modifications will hopefully add clarity to the service being provided. Along with these statistical changes, a provincial evaluation of the Early Childhood Program has begun. The appraisal will explore ways of improving the service in Health Regions.

In summary, 1990 was a challenging and productive year. I thank Dr. Watler, Carol Kerr and her Public Health Nursing staff, the Speech/Language Pathologists, Regional Nutritionist and other support staff who are part of the Health Region team, for their assistance and support over the year. I am sure 1991 will bring new opportunities for extending services to preschool children and their families.

Details of Source of New Referrals to Early Childhood Psychologist

Source of Referral	1987	1988	1989*	1990
Public Health Nurse	64	49	32	60
Speech/Language Pathologist	12	13	8	12
Other Community Health Services Branch staff	0	0	3	0
Early Childhood Intervention Program	2	3	8	4
Parent/Guardian	12	1	2	16
Other (e.g. Physician, Mental Health)	6	11	3	11
Total	96	77	56	103
Average Number of New Referrals Per Month	8.0	6.4	4.7*	8.6

* ECP Services only available for six months due to staffing change

Reason of Concern for New Referrals to Early Childhood Psychologist

	1989	1990
Nurse Screening Assessment	9	10
Identified Developmental Problems	24	59
Behavior Problems	14	28
Multiple Problems	9	6

Early Childhood Psychology Statistics - 1990

	Percent of Total Time			
	1987	1988	1989	1990
Casework/Case Management	51.9	48.7	63.9	55.9
General Consultation	11.9 >	5.5	4.2	8.8
E.C.I.P. Participation		4.9	3.3	4.2
Public Education Activities	8.7	7.5	.7	7.1
Research	6.6	2.3	0	0
Inservice		1.3	2.8	2.9
Professional Updating	5.2	2.4	7.0	2.9
Travel	9.7	14.3	9.2	10.6
Administration	6.0	11.5*	9.2	7.6

* Appointed as ECP Central Office Liaison Person for this Year

Summary of Client Services (1990)

Total Active Caseload (December 31, 1990)	103
Total Number of Direct Services Provided Children (Initial Assessment and Follow-Up)	213
Average Number of Direct Services Provided per month	17.8
Average Age of Children Provided direct services	3 years 2 months

REPORT OF DENTAL HEALTH EDUCATOR

- Mrs. Wendy Griffith

The Dental Health Education Program continued in 1990 to promote positive dental health within the community. We provide dental health education/information to interested individuals and groups. All ages are considered:

(1) For the newborn we had dental health month baby activities. With the help of local hospitals the first babies born in the month of April received a basket of dental information and products. All other babies born in April may have received dental information and the story book "A Walk With Charlie Chew".

(2) For the seniors of the community, information regarding dental health was delivered through the package known as the "Senior Smile".

(3) For the "special need" clients, workshops given to care givers helped educate the importance of dental health to the disabled.

The Dental Health Educator position was vacant much of the year. During my maternity leave, two Dental Health Educators were hired for 2 weeks to complete the school program workload. Thanks to Joanne Yackel and Donna Gessner. In September, I was granted a 6-month extension to my maternity leave. During this time period I did return to work on a casual basis.

The 1990 emphasis of our program remained targeted to the elementary school dental program. This program provides dental health presentations to students kindergarten to grade 6.

Toothbrushes, dental floss, pamphlets, and activity sheets were distributed to the participating students. With 55-57 schools involved, a large percentage of time was spent providing this service.

The next targeted program was our fluoride mouth rinse program. Fluoride mouth rinse programs are available to all schools where the fluoride level in the drinking water is below the optimum level (which is one part fluoride per million parts of water).

The objective of the program is to reduce dental caries, by having the children "swish" with weekly or bi-weekly fluoride solution. Fluoride can reduce dental caries by 20 - 40%. As Dental Health Educators, we provide the school with all the supplies, consultations and workshops needed to operate the fluoride mouth rinse program. We also gather data for statistical purposes.

In our area 8 schools are participating. They are listed in the statistical section of report.

Preschool Dental Activity Kits are available to all daycare and preschool centres upon request. The Kit is designed to assist care givers in the instruction of dental care. The Kit contains "A Walk With Charlie Chew" story book (a product of our program), other story books, a large tooth model and toothbrush used to demonstrate tooth brushing, an instruction manual, posters, games, tooth stamps and pamphlets. Each child receives a toothbrush and colouring sheet.

Dental Health Month activities in April consisted of the "Dental Health Month Baby Basket". The first baby born in each hospital

received a basket containing dental health information and products. Additional babies born in the month received small packages. Thank you very much Loralyn Leugner for managing this project in the Yorkton area.

A display featuring sugar content of foods and various dental products was put up at the Parkland Mall in Yorkton. Thank you to Myrna Ruthven and Loralyn Leugner for the lovely display. Loralyn Leugner was also responsible for two Health Topics on CKOS T.V. during April Dental Health Month.

ADDITIONAL PROJECTS:

- For the December 12th and 13th Dental Health Educators' Meeting, I prepared and presented a presentation on "Bulimia" and its result on the dental tissues. Also viewed the video "Fear of Fat".
- Worked on the "1991" Dental Health Month Committee.
- Prepared a "French" flip chart for the 3 French schools in my area.
- Additional resources were added to the preschool kit.
- Prepared an 8-page Dudley the Dragon flip chart for Grade 1 presentations.

STATISTICS

PRESENTATIONS:

Number of Schools	41
Number of Presentations	197
Number of Participants	4053
Number of Preschool Presentations	5
Number of Preschool Participants	52
Number of Preschool Kit Utilizations	19
Number of Participants	358
Number of Extra Presentations	9
Number of Participants	163

FLUORIDE MOUTH RINSE PROGRAM:

Eight Schools	Number of Students
Invermay	51
Endeavour	78
Tantallon	44
Calder	32
Arran	40
Pelly, Fort Pelly	37
Seventh Day, Yorkton	8
Ebenezer (dropped out in September, 1990)	47
	337

(337 students weekly rinse)

Report of the Public Health Nutrition Program

-Mrs. Marilee Hornung

The nutrition program continues to provide services to all ages from infants and children to expectant parents and seniors to promote optimal nutritional health for the community.

The Public Health Nutritionist is responsible for the Nutrition Program administration and program delivery. This is accomplished by educational and promotional programs to community groups, media, consultation and inservice to staff, educators and lay leaders, nutrition assessment and counselling to target groups, program planning and development, development of resources for the public and professionals.

Highlights of activities and progress for 1990 are as follows:

1) "Eat Smart for Your Heart" classes continued around the health region. This is an education program on diet and heart health aimed at the general public. This two-class series covers risk factors, defines types of dietary and body fats, practical tips on lowering fat intake, label reading, modifying recipes and restaurant eating. Sessions were held in Ituna, Esterhazy, Canora and Melville where 120 people attended in total. In 1990, an "Eat Smart" newsletter was started. This is sent quarterly to those who participated in the classes. It updates them on new information.

2) "Eat Smart" Grocery Store tours were started in March 1990. This is an aisle by aisle nutrition education session to help consumers make healthy choices at the grocery store.

These were held in Yorkton at the Co-op Food Centre where 37 attended. This program continues at the request of community groups.

3) Also in March, 1990 the Minister of National Health and Welfare released the revised Nutrition Recommendations for Canadians. This document contains recommendations on the fat, carbohydrate and sodium contents of the Canadian diet. Recommendations are also given pertaining to alcohol and caffeine. These recommendations have been translated into Canada's Guidelines for Healthy Eating for the public. The recommendations are intended to help Canadians select a dietary pattern that will supply recommended amounts of all essential nutrients while reducing the risk of chronic disease.

4) A number of the nutrition tearsheets were revised and updated in 1990. Tearsheets for the parents of preschoolers were rewritten and the new topics were as a result of a survey of the department health professionals using them.

5) Locally, a committee of nurses and the nutritionist organized a Breastfeeding Workshop for Health Professionals. We included our regional staff, regional hospital staff, physicians and doctors office staff. The inservice by Lorraine Khatchatourians, a lactation consultant from Saskatoon provided us all with consistent reliable information to disseminate to new parents - 47 attended.

6) A nutritionists subcommittee developed a teaching package called "Nutrition Education Ideas for Working With Low Income Groups". This has proved to be very useful with many community groups and will continue to do so with the interest in food costs.

7) Project APEX, An Action Program on Eating and Exercise was introduced to teachers in and around Yorkton. This inservice is targeted at Grade 5 teachers. The teaching materials - teacher's guide, student journals, family newsletters, posters, stickers, etc. are provided courtesy of the Saskatchewan Dairy Foundation and the Department of Culture, Multiculture and Recreation. The inservice is provided by the Nutritionist. A K-6 Nutrition Education Workshop was also organized.

8) Group presentations were provided to 73 groups comprising of 1578 individuals. Consultant, assessments, screening and counselling continue to be in demand. Media work continued throughout the year. The regular newspaper column continues to be an excellent medium to disseminate information. We are pleased that it will return to a weekly column in 1991.

Thank you, Dr. Watler, all regional staff and central consultants for your continued support, cooperation and interest.

Nutrition Statistics

Group Discussions, Talks and Workshops

Group	Number of Meetings	Attendance
School Students	28	933
School Teachers	2	23
Public Health Staff	2	39
Other health professionals	3	14
Community lay leaders	2	25
Industry	2	2
Parents	1	11
Consumers	22	230
Seniors	3	105
Others	8	196
	73	1578

Orientation Sessions:

Dietetic Intern (1) - 1 week
Nursing Students - 3

Media	Number
Television	6
Radio	4
Newspaper	10 written 26 submitted
Resource Development	8
Displays	10

Screening and Counselling:

	Consults	Screened	Counselled
Prenatal		117	1
Child 0-5			7
6-20 years			1
Adult	3		8
	3	117	17

Consultative Services	Number
Health Region Staff	106
Health Department Staff	76
Public	154
Health Professionals	36
Education Personnel	8
Government Agencies	5
Community Agencies/Associations	4
Other	3
	392

Report of the Speech/Language Pathology Program
- Mrs. S. Bond-Moore
- Mrs. L. Jones

The Speech/Language Pathologists of Yorkton-Melville Health Region, under the supervision of Dr. Watler, Medical Health Officer, are responsible for planning, organizing, and implementing speech and/or language remediation problems for preschool children, and adults.

The purpose of the Speech/Language Pathology Program is to provide leadership in the early identification, early intervention, and prevention of communicative disorders. Acceptable program activities, broadly stated, include:

1) diagnostic, direct and indirect therapeutic, counselling, and consultative services, primarily to the preschool population

2) preventive programs in the form of public awareness of communication processes and disorders to encourage early detection and intervention of communicative difficulties and to foster normal development

3) professional development to enhance clinical knowledge and skills in providing a high quality service to clients and the community

4) participation in research programs designed to benefit the communicatively handicapped in Saskatchewan.

The type of communication problems could fall into one or several of the following categories:

1) speech - distortion, omission or sound substitution

2) language - difficulty in receiving, processing, interpreting,

integrating, organizing, formulating or expressing symbolic information.

3) voice - disturbances in vocal intensity, quality and resonance.

4) fluency - repetition, prolongation of sound, syllables, words or phrases.

At the present time, there are 16 Speech/Language Pathologists employed in Community Health -Prevention Services Branch. Yorkton-Melville Health Region has been fortunate to have the on-going services of two Speech/Language Pathologists since the Fall of 1983, while other Regions have not been as fortunate.

The Communication Questionnaire, used to screen the communications skills of 3 year old children, continued to be used provincially. The Communication Questionnaire committee, of which Sharon Bond-Moore is a member, began a review of the screening tool in April, 1990. Public Health Nurses and Speech/Language Pathologists were interviewed with regards to the effectiveness of the tool and statistical data was gathered. The final report and recommendations were presented to Jane Knox, Executive Director, in September, 1990. To date, there has been no response to the report.

Mrs. Lori Jones was the head Speech/Language Pathologist in an Adult Intensive Stuttering Clinic held in February 1990. This clinic is a comprehensive, residential program designed to assist adult stutterers improve their fluency skills. One of the participants in that clinic resides in the Yorkton-Melville Health Region. Two refresher weekends, designed to reinforce fluency

skills learned during the intensive clinic, were held in June and September 1990. Mrs. Jones was involved in both of these.

The Preschool Workshop held in October 1990 was organized by Lori Jones with assistance from Rik Cherland, Early Childhood Psychologist, Marilee Hornung, Public Health Nutritionist, and Sharon Bond-Moore. The focus of this workshop was the mutual sharing of information and ideas among the leaders involved with preschool programs, nursery schools, and day cares. It was well received by the 25 women who attended. We hope this will be a bi-annual event.

In the upcoming year, Lori Jones and Sharon Bond-Moore will continue to provide diagnostic and remedial communication services to preschool children and adults.

We would like to thank Dr. Watler, the clerical staff and the other disciplines for their continued support and cooperation.

SPEECH/LANGUAGE PATHOLOGY STATISTICS - 1990

	SOURCE OF NEW REFERRALS								DIAGNOSIS							REASON FOR DISCHARGE							NUMBER OF CLIENTS SEEN FOR REVIEW	MONTHLY AVERAGE OF CLIENTS SEEN FOR TREATMENT
	PHN Referral (from 3 Year Core Screen)	All other PHN Referrals	Early Childhood Psych.	Physician	SHAP	Parent	Other	TOTAL	Articulation	Language	Voice	Fluency	Associated Conditions	Normal	TOTAL	Initial Assessment Normal	Treatment Goals Reached	Transferred	Moved	Service Refused	Other	TOTAL		
PRESCHOOL	77	75	10	9	1	12	14	198	108	41	0	3	1	7	160	5	57	61	13	51	6	193	260	19
SCHOOL-AGE								0							0			2				2	0	1
ADULT				6			6	12		3	4	1	0	2	10		1	1		1	2	5	0	2
TOTAL	77	75	10	15	1	11	20	210	108	44	4	4	1	9	170	5	58	64	13	52	8	200	260	22

APPENDIX A

GRAND SUMMARY FOR HEALTH REGION #10

HEALTH DISTRICT	CITY	TOWN	VILLAGE	RM	Male	Female	Under15 MALE	Under15 FEMALE	Over65 MALE	Over65 FEMALE
#1		600	731	3380	2461	2250	525	522	443	369
#2	5112	843	1015	4425	5747	5648	1094	1027	1203	1374
#3	0	6808	2304	5991	7666	7437	1757	1883	1144	1246
#4	0	4990	664	3187	4420	4421	741	712	1133	1328
#5	0	2617	1576	5416	5009	4600	910	891	1109	1058
#6	0	3564	492	3315	3740	3631	746	884	769	846
#7	16094				7658	8436	1681	1613	1225	1782
GRAND TOTALS	21206	18422	6782	25714	36701	36423	7454	7532	7026	8003
TOTAL FOR HR#10	*73124*									

HEALTH REGION #10
MALE/FEMALE AND DEPENDENCY
AS PERCENTAGE OF POPULATION

HEALTH DISTRICT	CITY	TOWN	VILLAGE	RM	Male	Female	Under15 MALE	Under15 FEMALE	Over65 MALE	Over65 FEMALE
					AS%	*AS%*	*AS%*	*AS%*	*AS%*	*AS%*
#1		600	731	3380	52.24	47.76	11.14	11.08	9.40	7.83
#2	5112	843	1015	4425	50.43	49.57	9.60	9.01	10.56	12.06
#3	0	6808	2304	5991	50.76	49.24	11.63	12.47	7.57	8.25
#4	0	4990	664	3187	49.99	50.01	8.38	8.05	12.82	15.02
#5	0	2617	1576	5416	52.13	47.87	9.47	9.27	11.54	11.01
#6	0	3564	492	3315	50.74	49.26	10.12	11.99	10.43	11.48
#7	16094				47.58	52.42	10.44	10.02	7.61	11.07
GRAND TOTALS	21206	18422	6782	25714	50.19	49.81	10.19	10.30	9.61	10.94

YORKTON-MELVILLE HEALTH REGION										
DEMOGRAPHICS 1990		Male/female AND DEPENDENCY								
							DEPENDENCY			
COMMUNITY	CITY	TOWN	VILLAGE	RM	Male	Female	under15	under15	over65	over65
HEALTH DISTRICT 1							MALE	FEMALE	MALE	FEMALE
EBENEZER			198		108	90	42	26	8	15
CALDER			156		73	83	11	10	29	38
SPRINGSIDE		600			293	307	77	77	73	63
WILLOWBROOK			50		30	20	7	6	8	4
WROXTON			70		39	31	15	5	6	9
STORNOWAY			12		7	5	1	0	3	1
RHEIN			245		118	127	22	31	34	33
CALDER 241				700	388	312	63	54	84	58
WALLACE 243				1030	548	482	101	103	83	66
ORKNEY 244				1650	857	793	186	210	115	82
H.D. TOTALS		600	731	3380	2461	2250	525	522	443	369
HEALTH DISTRICT 2										
MELVILLE	5112				2462	2650	480	405	549	758
ITUNA		843			384	459	49	55	141	200
DU FF			53		30	23	7	5	5	5
FENWOOD			66		36	30	6	7	13	8
GOODEVE			89		49	40	10	6	15	10
HUBBARD			58		28	30	2	4	11	13
INSINGER			29		15	14	3	2	6	6
JEDBURG			18		12	6	1	0	3	3
SHEHO			245		110	135	12	23	45	60
THEODORE			457		213	244	36	34	84	102
CANA 214				1109	589	520	133	146	65	41
STANLEY 215				887	473	414	99	104	62	42
TULLEY MET 216				378	219	159	48	27	31	16
GARY 245				695	381	314	83	73	43	37
ITUN BON ACCORD				685	380	305	55	63	69	41
INSINGER 275				671	366	305	70	73	61	32
H.D.2 TOTALS	5112	843	1015	4425	5747	5648	1094	1027	1203	1374

COMMUNITY	CITY	TOWN	VILLAGE	RM	Male	Female	Under15	Under15	Over65	Over65
HEALTH DISTRICT 3							MALE	FEMALE	MALE	FEMALE
BREDENBURY		438			224	214	51	52	36	56
CHURCHBRIDGE		1045			522	523	126	167	83	96
ESTERHAZY		3131			1554	1577	349	342	214	281
LANGENBURG		1217			596	621	101	74	153	217
LEMBURG		418			212	206	42	29	61	70
SALTCOATS		559			261	298	67	63	58	56
ATWATER			34		18	16	5	4	1	1
BANGOR			61		31	30	5	5	13	11
DUBUC			102		48	54	5	8	23	23
GERALD			186		94	92	27	34	10	15
GRAYSON			272		123	149	16	24	38	18
KILLALY			120		60	60	14	7	13	15
MCNUTT			112		58	54	11	9	13	15
NEUDORF			382		177	205	28	30	54	94
SPY HILL			319		158	161	28	65	23	22
STOCKHOLM			376		180	196	41	41	28	43
TANTALLON			191		104	87	31	23	11	11
WALDRON			31		19	12	5	3	1	0
YARBO			118		61	57	14	18	10	6
SPY HILL 152				540	289	251	63	62	32	27
LANGENBURG 181				883	476	407	119	221	40	25
FERTILE BELT 183				1165	617	548	131	148	83	58
GRAYSON 184				783	424	359	122	99	36	14
MCLEOD 185				720	388	332	115	97	24	10
CHURCHBRIDGE 211				965	507	458	120	116	55	31
SALTCOATS 213				935	465	470	121	142	31	31
H.D. 3 TOTALS	0	6808	2304	5991	7666	7437	1757	1883	1144	1246

COMMUNITY	CITY	TOWN	VILLAGE	RM	Male	Female	Under15	Under15	Over65	Over65
HEALTH DISTRICT 4							MALE	FEMALE	MALE	FEMALE
CANORA		2581			1210	1371	190	178	337	514
KAMSACK		2409			1158	1251	196	166	365	471
PELLY			359		167	192	23	27	70	80
TOGO			174		95	79	19	12	41	39
VEREGIN			131		65	66	17	18	14	16
COTE 271				688	381	307	75	67	53	31
SLIDING HILLS 273				809	430	379	74	79	84	64
GOOD LAKE				685	386	299	66	55	77	59
ST.PHILLIPS 301				450	241	209	29	47	45	22
KEY 303				555	287	268	52	63	47	32
H.D.4 TOTALS	0	4990	664	3187	4420	4421	741	712	1133	1328
HEALTH DISTRICT 5										
STURGIS		724			333	391	55	72	106	88
PREECEVILLE		1301			624	677	93	100	187	284
NORQUAY		592			292	300	68	26	94	117
ARRAN			68		35	33	4	4	9	10
BUCHANEN			349		174	175	19	22	71	73
ENDEAVOUR			181		95	86	21	18	20	22
HYAS			162		81	81	10	16	30	26
INVERMAY			339		162	177	24	18	50	72
LINTLAW			224		117	107	24	24	31	29
RAMA			121		56	65	8	11	18	20
STENEN			132		66	66	10	7	25	25
BUCHANEN 304				710	380	330	66	81	57	35
INVERMAY 305				647	355	292	85	84	45	31
LIVINGSTON 331				582	343	239	74	47	51	28
CLAYTON 333				1061	578	483	99	107	92	57
PREECEVILLE 334				1404	776	628	141	151	130	86
HAZELDELL 335				1012	542	470	109	103	93	55
H.D.5 TOTALS	0	2617	1576	5416	5009	4600	910	891	1109	1058

COMMUNITY	CITY	TOWN	VILLAGE	RM	Male	Female	under15	under15	over65	over65
HEALTH DISTRICT 6							MALE	FEMALE	MALE	FEMALE
WYNYARD		2128			1019	1109	194	192	224	341
FOAM LAKE		1436			674	762	101	286	205	269
DAFOE			28		15	13	3	2	1	0
ELFROS			192		101	91	35	21	23	18
LESLIE			57		30	27	7	8	10	8
WEST BEND			17		13	4	2	1	3	1
WISHART			198		96	102	19	23	16	22
FOAM LAKE 276				968	514	454	106	107	88	54
EMERALD 277				807	437	370	89	81	58	43
ELFROS 307				698	379	319	77	76	82	44
BIG QUILL 308				842	462	380	113	87	59	46
H.D. 6 TOTALS	0	3564	492	3315	3740	3631	746	884	769	846
HEALTH DISTRICT 7										
YORKTON	16094				7658	8436	1681	1613	1225	1782

GRAND SUMMARY FOR HEALTH REGION #10

HEALTH DISTRICT	CITY	TOWN	VILLAGE	RM	Male	Female	Under15	Under15	Over65	Over65
							MALE	FEMALE	MALE	FEMALE
#1		600	731	3380	2461	2250	525	522	443	369
#2	5112	843	1015	4425	5747	5648	1094	1027	1203	1374
#3	0	6808	2304	5991	7666	7437	1757	1883	1144	1246
#4	0	4990	664	3187	4420	4421	741	712	1133	1328
#5	0	2617	1576	5416	5009	4600	910	891	1109	1058
#6	0	3564	492	3315	3740	3631	746	884	769	846
#7	16094				7658	8436	1681	1613	1225	1782
GRAND TOTALS	21206	19422	6782	25714	36701	36423	7454	7532	7026	8003
TOTAL FOR HR#10	*73124*									

HEALTH REGION 10
NATIVE POPULATION BY BAND

BAND	TOTAL	Male	Female	Under15 MALE	Under15 FEMALE	Over65 MALE	Over65 FEMALE
COTE	1534	766	768	296	305	16	18
KEESEEKOOSE	886	431	455	202	192	7	11
KEY	363	168	195	69	72	4	7
STARBLANKET	279	136	143	60	53	4	7
OKANESE	206	100	106	40	41	1	1
PEEPEEKISIS	1178	570	608	206	229	18	27
FISHING LAKE	723	365	358	143	146	7	12
LITTLE BLACK BEAR	256	131	125	48	40	1	5
TOTALS FOR BANDS	5425	2667	2758	1064	1078	58	88
HEALTH REGION GRAND TOTAL (INCLUDING NATIVE POPULATION)	**78,549**	**39,368**	**39,181**	**8,518**	**8,610**	**7,084**	**8,091**